

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087864

FILED
Jan 12, 2008
Secretary of State

Entity Name: STACY E. SEIKEL, M.D., P.A.

Current Principal Place of Business:

4401 S ORANGE AVE - STE 117
ORLANDO, FL 32806

New Principal Place of Business:

1118 S ORANGE AVE
STE. 202
ORLANDO, FL 32806

Current Mailing Address:

4401 S ORANGE AVE - STE 117
ORLANDO, FL 32806

New Mailing Address:

1118 S ORANGE AVE
STE 202
ORLANDO, FL 32806

FEI Number: 20-5136893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W&P SERVICES, INC.
450 N WYMORE RD
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTS () Delete
Name: SEIKEL, STACY E M.D.
Address: 4401 S ORANGE AVE - STE 117
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: SEIKEL, STACY E M.D.
Address: 1118 S ORANGE AVE - STE 202
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY E. SEIKEL

MD

01/12/2008

Electronic Signature of Signing Officer or Director

Date