


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000001961</b> 1. Entity Name LARRY D. BOTZ, M.D., P.A.	
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Principal Place of Business 200 AVE. F., N.E. WINTER HAVEN, FL 33881 US	Mailing Address 9270 W. LAKE RUBY DR WINTER HAVEN, FL 33884 US
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02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3161724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BOTZ, LARRY D MD 9270 W. LAKE RUBY DR WINTER HAVEN, FL 33884
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

1000000050656  
02/16/04-80015-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR BOTZ, LARRY D MD 9270 W. LAKE RUBY DR WINTER HAVEN, FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

 LARRY D. BOTZ, M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/04 863 293-1121 X1108