

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000045850**

1. Entity Name

AMY DEMNER, PH.D., P.A.



Principal Place of Business

2087 N. UNIVERSITY DR  
CORAL SPRINGS, FL 33071

Mailing Address

2087 N. UNIVERSITY DR  
CORAL SPRINGS, FL 33071



01282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0420936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEMNER, AMY  
2087 N. UNIVERSITY DR  
CORAL SPRINGS, FL 33071

**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

*Amy Demner*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when (re)installing)

DATE

*4/26/05*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
DEMNER, AMY  
2087 N. UNIVERSITY DR  
CORAL SPRINGS, FL 33071

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/30/05-80095-009 150.00

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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)(l), 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:

*Amy Demner, PhD, PA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/05*  
Date

*954-346-7064*  
Daytime Phone