


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000069862 1. Entity Name ROBERT E. SCHEKZER, M.D., P.A.	
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Principal Place of Business 41 ADALIA AVE TAMPA, FL 33606 US	Mailing Address 41 ADALIA AVE TAMPA, FL 33606 US
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DO NOT WRITE IN THIS SPACE



05202004 No Chg-P CP2E034 (10/03)

4. FEI Number 59-3204604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FILINGS, INC.
 3732 NW 16TH STREET
 FORT LAUDERDALE, FL 33311

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEKZER, ROBERT E 41 ADALIA AVE TAMPA, FL
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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: Robert E. Schekzer MD PA **5/18/04 (813) 731-3666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #