

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000003751

1. Entity Name  
 EDWARD W. SCHWARTZ, M.D., P.A.



Principal Place of Business  
 7431 N UNIVERSITY DR STE 206  
 TAMARAC, FL 33321

Mailing Address  
 % BLAKESBERG & CO., CPA  
 951 S.W. 4TH AVENUE  
 BOCA RATON, FL 33432-5803



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0461359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, EDWARD W  
 7431 N UNIVERSITY DR  
 TAMARAC, FL 33321

**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 signature required when reinstalling) DATE

**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	P SCHWARTZ, EDWARD W MD 7431 N UNIVERSITY DR #206 TAMARAC, FL 33321
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 01/07/05-80038-015 150.00

**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: Edward W. Schwartz 1-4-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EDWARD W. SCHWARTZ