

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2006 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**

DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0461359

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHWARTZ, EDWARD W MD
STREET ADDRESS	7431 N UNIVERSITY DR #206
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/07/06-80002-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

561-750-8300

Daytime Phone #