


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 UNIVERSITIY 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 _____ 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
 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	

U00000566972
 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 **EDWARD W. SCHWARTZ** SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date 561-750-8300 Daytime Phone #