

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000033237

1. Entity Name
L. JEROME KROVETZ MD PA



**FILED
Jul 08, 2005 8:00 am
Secretary of State**

07-08-2005 90021 019 ***150.00

Principal Place of Business
3500 TYLER STREET
HOLLYWOOD, FL 33021 US

Mailing Address
3500 TYLER STREET
HOLLYWOOD, FL 33021 US

2. Principal Place of Business
660 Glades Road
Suite, Apt. #, etc.
200
City & State
Boca Raton FL
Zip
33431

3. Mailing Address
Same
Suite, Apt. #, etc.
—

City & State
90 Florida

Zip
Country
Palm Beach

6. Name and Address of Current Registered Agent

KROVETZ, JEROME MD
3500 TYLER STREET
HOLLYWOOD, FL 33021
660 Glades Road
Suite 200
Boca Raton FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

L Jerome Krovetz

(NOTE: Registered Agent signature required when re-registering)

DATE

7/15/05

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

DP
KROVETZ, L.J
3500 TYLER STREET
HOLLYWOOD, FL 33021

*660 Glades Road
Boca Raton*

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *L Jerome Krovetz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05 (561)416-2144

Date

Daytime Phone #

L. Jerome Krovetz, MD, PhD, P.A.
PEDIATRIC CARDIOLOGY

ATTACHMENT
50055781

660 GLADES ROAD, SUITE 200
BOCA RATON, FL 33431
TELEPHONE: (561) 416-2144
FAX: (561) 416-1372

July 5, 2005

Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

Re: Document #P94000033237
FEI #65-0484656

Dear Sir/Madam:

You have my address listed incorrectly. I just received the enclosed reminder.

My check for this year is enclosed.

Sincerely yours,



L. Jerome Krovetz, M.D.

LJK/rts
Enclosure