


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-08-2005 90021 019 \*\*\*150.00

<b>DOCUMENT # P94000033237</b> 1. Entity Name <b>L. JEROME KROVETZ MD PA</b>			
Principal Place of Business <b>3500 TYLER STREET</b> <b>HOLLYWOOD, FL 33021 US</b>		Mailing Address <b>3500 TYLER STREET</b> <b>HOLLYWOOD, FL 33021 US</b>	
2. Principal Place of Business <b>660 Glades Road</b> Suite, Apt. #, etc. <b>200</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc. <b>-</b>	
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>	
Zip <b>33431</b>		Country <b>USA</b>	
4. FEI Number <b>65-0484656</b>		Applied For <input type="checkbox"/> 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 <b>KROVETZ, JEROME MD</b> <b>3500 TYLER STREET</b> <b>HOLLYWOOD, FL 33021</b>		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: <i>[Signature]</i> DATE: <b>7/5/05</b>		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>KROVETZ, L J</b> <b>3500 TYLER STREET</b> <b>HOLLYWOOD, FL 33021</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
SIGNATURE: <i>[Signature]</i>		Date: <b>7/5/05</b> Daytime Phone #: <b>(561)416-2144</b>	

*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