

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049389

Entity Name: ROBERT KAMHOLTZ, P.A.

FILED
Apr 21, 2004
Secretary of State

Current Principal Place of Business:

901 45TH ST
ST MARY'S MEDICAL CENTER
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

901- 45TH ST.
ST. MARY'S MEDICAL CENTER
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0598689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMHOLTZ, ROBERT
901- 45TH ST.
ST. MARY'S MEDICAL CENTER
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAMHOLTZ, ROBERT
Address: 901- 45TH ST. ST. MARY'S MED. CTR.
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KAMHOLTZ

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04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date