



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # P96000002164 1. Entity Name THE CENTER FOR SPECIALIZED MEDICINE, INC. | | | |  | |
| Principal Place of Business 2467 ENTERPRISE ROAD STE C CLEARWATER FL 33763 | | | Mailing Address 2467 ENTERPRISE ROAD STE C CLEARWATER FL 33763 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3351584 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MAZER, STEPHEN B 2467 ENTERPRISE RD SUITE C CLEARWATER FL 33763 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 1/29/06 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May C Trust Fund Contribution <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete MAZER, STEPHEN B 3155 ROLLINGWOODS DRIVE PALM HARBOR FL 34683 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add U00000420190 02/15/06-80041-020 158.75 | | |
| 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"/> Add | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **STEPHEN B MAZER MD** 1/29/06 727 796-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR