

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90044 005 ***150.00

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1. Entity Name

DR. JAY KATZ, M.D., P.A.



Principal Place of Business

950 GLADES RD
STE 1E
BOCA RATON FL 33431
US

Mailing Address

950 GLADES RD
STE 1E
BOCA RATON FL 33431
US

2. Principal Place of Business - No P.O. Box #

5329 W Atlantic Ave

3. Mailing Address

5329 W ATLANTIC AVE

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

STE 204

City & State

DELRAY BEACH FL 33484

City & State

DELRAY BEACH, FL

Zip

Country

US

Zip

33484

Country

US

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0672156

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROOT, JONATHAN S
301 YAMATO RD., STE. 3101
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME KATZ, JAY ☐ Delete
STREET ADDRESS 950 GLADES RD STE 1E
CITY - ST - ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JAY W. KATZ ☒ Change ☐ Addition
NAME
STREET ADDRESS 5329 W Atlantic Ave
CITY - ST - ZIP STE 204
DeLray Beach, FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Jay W. Katz

JAY W. KATZ

1/29/07

5614931960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone *