


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90017 009 ***150.00

DOCUMENT # P96000084344		
1. Entity Name ERIC M. FISCHER, P.A.		

Principal Place of Business 3801 PGA BLVD. STE 600 WEST PALM BEACH, FL 33410	Mailing Address P.O. BOX 771812 CORAL SPRINGS, FL 33077-1812
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24078192



2. Principal Place of Business		3. Mailing Address 3801 PGA Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 600	
City & State		City & State West Palm Beach FL	
Zip	Country	Zip	Country
		33410	

08022004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0699448		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISCHER, ERIC M ESQ. 3801 PGA BLVD. SUITE 600 WEST PALM BEACH, FL 33410		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FISCHER, ERIC M 3801 PGA BLVD STE 600 WEST PALM BEACH, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP/ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Eric M. Fischer President Eric M. Fischer 8/2/04 561 630 5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #