

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90094 016 ***150.00

DOCUMENT # P97000067151
 1. Entity Name
 EMEL ESENER, M.D., P.A.



Principal Place of Business: 21754 CLUB VILLA TERRACE, BOCA RATON, FL 33433
 Mailing Address: 21754 CLUB VILLA TERRACE, BOCA RATON, FL 33433 US

50022085



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0771934 (65-0771934)
 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MULLIN, JAMES G
 2263 N.W. BOCA RATON BLVD., #205
 BOCA RATON, FL 33431

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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
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: P	NAME: ESENER, EMEL
STREET ADDRESS: 21754 CLUB VILLA TERRACE	CITY-ST-ZIP: BOCA RATON, FL 33432
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

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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: Emel Esener MD, PA Date: Feb 21, 05 Daytime Phone #: 561-417-7448