

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000106566**

1. Entity Name  
ELLEN T. MELVIN, M.D., P.A.



Principal Place of Business  
3675 20TH STREET  
VERO BEACH, FL 32960

Mailing Address  
3675 20TH STREET  
VERO BEACH, FL 32960



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0804654

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MELVIN, ELLEN T  
3675 20TH STREET  
VERO BEACH, FL 32960

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000271862  
03/21/05-80060-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MELVIN, ELLEN T MD
STREET ADDRESS	3675 20TH SUITE C
CITY-ST-ZIP	VERO BEACH, FL 32960
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	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ellen T. Melvin MD  
President

Date

2-7-05

Daytime Phone #

782 569-6869