## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000109049

Apr 12, 2005 Secretary of State

FILED

Entity Name: THE MEDICAL OFFICE OF ROBERT JAY DRIMMER M.D. P.A.

Current Principal Place of Business: New Principal Place of Business:

9114 C SW 20TH STREET 9344 CASERTA STREET BOCA RATON, FL 33428 LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

9114 C SW 20TH STREET 9344 CASERTA STREET BOCA RATON, FL 33428 LAKE WORTH, FL 33467

FEI Number: 65-0802929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZIEGLER, JACQUELINE M 1853 NW 94TH AVE CORAL SPRINGS, FL 330718956 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: DRIMMER, ROBERT J Name: DRIMMER, ROBERT J Address: 9344 CASERTA STREET

 Address:
 7180 VIA PALOMAR
 Address:
 9344 CASERTA STREET

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 LAKE WORTH, FL 33467

Title: T ( ) Delete Title: T (X) Change ( ) Addition
Name: DRIMMER LORI
Name: DRIMMER LORI

 Name:
 DRIMMER, LORI
 Name:
 DRIMMER, LORI

 Address:
 7180 VIA PALOMAR
 Address:
 9344 CASERTA STREET

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. DRIMMER PRES 04/12/2005