



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90012 006 \*\*\*150.00

<b>DOCUMENT # P98000010629</b> 1. Entity Name <b>NEIL H. MERKATZ, M.D., P.A.</b>					
Principal Place of Business <b>NEIL H MERKATZ MD PA 8000 SOUTH US 1 SUITE #202 PORT SAINT LUCIE, FL 34952</b>			Mailing Address <b>6956 SOUTHWEST WOODBINE WAY PALM CITY, FL 34990 US</b>		
2. Principal Place of Business <b>8241 South U.S. 1</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Port St. Lucie, FL</b>		City & State Suite, Apt. #, etc.		01212004    Chg-P    CR2E034 (10/03)	
Zip <b>34952</b>		Country <b>USA</b>		4. FEI Number <b>65-0812396</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MERKATZ, NEIL H MD 8000 SOUTH US 1 SUITE #202 PORT SAINT LUCIE, FL 34952</b>			7. Name and Address of New Registered Agent Name <b>same</b> Street Address (P.O. Box Number is Not Acceptable) <b>8241 South U. S. 1</b> City <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34952</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MERKATZ, NEIL H MD 6956 SOUTHWEST WOODBINE WAY PALM CITY, FL 34990</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MERKATZ, LINDA 6956 SOUTHWEST WOODBINE WAY PALM CITY, FL 34990</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Merkatz, Lynda</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Neil Merkatz, President</i> Neil H. Merkatz    1/23/04    772-878-9368</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					