


**-2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000010629 1. Entity Name NEIL H. MERKATZ, M.D., P.A.	
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Principal Place of Business 8241 SOUTH U.S. 1 PORT SAINT LUCIE, FL 34952	Mailing Address 8241 SOUTH U.S. 1 PORT SAINT LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0812396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERKATZ, NEIL H MD
8241 SOUTH U.S. 1
PORT SAINT LUCIE, FL 34952

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11. NAME 12. STREET ADDRESS 13. CITY-STATE-ZIP	P MERKATZ, NEIL H MD 6956 SOUTHWEST WOODBINE WAY PALM CITY, FL 34990
11. NAME 12. STREET ADDRESS 13. CITY-STATE-ZIP	VP MERKATZ, LYNDIA 6956 SOUTHWEST WOODBINE WAY PALM CITY, FL 34990
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Neil Merkatz MD, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/29/07 Daytime Phone # (772) 878-9368