


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000022821  
1. Entity Name  
MARCI LYN MEYEROWICH, D.C., P.A.



Principal Place of Business 2535 BURNS ROAD OAKS CENTER PALM BEACH GARDENS, FL 33410	Mailing Address 2535 BURNS ROAD OAKS CENTER PALM BEACH GARDENS, FL 33410
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04052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0819293	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  
  
MEYEROWICH, MARCI LYN  
2535 BURNS ROAD, OAKS CENTER  
PALM BEACH GARDENS, FL 33410

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY - ST - ZIP	D MEYEROWICH, MARCI LYN 2535 BURNS ROAD, OAKS CENTER PALM BEACH GARDENS, FL 33410
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**DO NOT WRITE IN THIS SPACE**

04/18/05-80146-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marci L. Meyerowich D.C. 4-5-05 561 630 0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #