

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**



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 **\$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**

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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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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 #