


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90278 025 ***150.00

DOCUMENT # P98000064335	
1. Entity Name MICHAEL SCHWARTZ, M.D., P.A.	

Principal Place of Business 13801 BRUCE B. DOWNS BLVD. SUITE 401 TAMPA, FL 33613	Mailing Address 13801 BRUCE B. DOWNS BLVD. SUITE 401 TAMPA, FL 33613
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94054476

2. Principal Place of Business 14032 SHADY SHORES DR.	3. Mailing Address 14032 SHADY SHORES DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03162004 Chg-P CR2E034 (10/03)

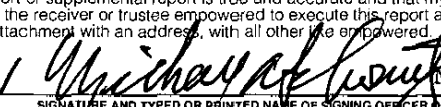
City & State TAMPA, FL	City & State TAMPA, FL.	4. FEI Number 59-3527169	Applied For <input type="checkbox"/> Not Applicable
Zip 33613-1901	Country USA	Zip 33613-1901	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHWARTZ, MICHAEL A MD 13801 BRUCE B. DOWNS BLVD. SUITE 401 TAMPA, FL 33613		7. Name and Address of New Registered Agent Name MICHAEL A. SCHWARTZ Street Address (P.O. Box Number is Not Acceptable) 14032 SHADY SHORES DR. City TAMPA FL Zip Code 33613-1901	
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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: 	MICHAEL A. SCHWARTZ 4-12-04 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SCHWARTZ, MICHAEL MD 13801 BRUCE B. DOWNS BLVD. -SUITE 401 TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S/T MICHAEL SCHWARTZ, MD 14032 SHADY SHORES DR. TAMPA, FL. 33613-1901 <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
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.	
SIGNATURE: 	MICHAEL A. SCHWARTZ 4-12-04 813-495-2222 Date Daytime Phone #