

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90041 017 ***150.00



DOCUMENT # P98000104952 1. Entity Name STEVEN STEIN, D.O., P.A.	
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Principal Place of Business 21687 FALL RIVER DR. BOCA RATON FL 33428	Mailing Address 21687 FALL RIVER DR. BOCA RATON FL 33428
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2. Principal Place of Business 17573 MIDDLE LAKE DR.	3. Mailing Address 17573 MIDDLE LAKE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-0880066	Applied For Not Applicable
Zip 33496	Country USA	Zip 33496	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent STEIN, STEVEN 21687 FALL RIVER DR. BOCA RATON FL 33428	7. Name and Address of New Registered Agent Name STEIN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 17573 MIDDLE LAKE DRIVE City BOCA RATON FL Zip Code 33496
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. STEIN, STEVEN D.O. <input type="checkbox"/> Delete 21687 FALL RIVER DRIVE BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STEIN, STEVEN, D.O. 17573 MIDDLE LAKE DRIVE BOCA RATON, FL 33496
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"/> Change <input type="checkbox"/> Addition
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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: Steven Stein D.O. Date: 1/30/05 (561) 482-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #