

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P99000056649

1. Entity Name
MICHAEL STASZEL, D.O. P.A.



Principal Place of Business

**P.O. BOX 23711
OAKLAND, FL 33307**

Mailing Address

**P.O. BOX 23711
OAKLAND, FL 33307**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0956385** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUSAN D. CONLEY, CPA.
1191 EAST NEWPORT CENTER DRIVE
SUITE 103
DEERFIELD BEACH, FL 33441**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000909849
05/06/08-80085-008 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STASZEL, MICHAEL**
STREET ADDRESS **4455 W TRADEWINDS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **PTS**
NAME **STASZEL, MICHAEL**
STREET ADDRESS **4455 W TRADEWINDS AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Michael Staszel

MICHAEL STASZEL, 04/17/08 (954)6515997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #