2005 FOR PROFIT CORPORATION
ANNUAL REPORT

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Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90091 034 ***150.00

DOCUMENT # P99000058570

1. WILLIAM S. OTTO, M.D., P.A.

1590 NW 10TH AVE SUITE #201 BOCA RATON, FL 33486	C/O ~~MARILYN H.~~ OTTO, ESQUIRE 125 ~~CRAWFORD BLVD~~ ~~BOCA RATON, FL 33432~~

20022873

03152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		1590 NW 10th AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 201	
City & State		City & State BOCA RATON FL	
Zip	Country	Zip 33486	Country USA

4. 65-0928621

5. ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OTTO, MARILYN H ESQUIRE 125 CRAWFORD BOULEVARD BOCA RATON, FL 33432	WILLIAM S. OTTO 1590 NW 10th AVENUE SUITE 201 BOCA RATON FL 33486

8. [signature]

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ☐ $5.00 May Be Added to Fees

10.			11.		
TITLE	PST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OTTO, WILLIAM S M.D.		NAME		
STREET ADDRESS	1590 N.W. 10TH AVENUE, SUITE #201		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12.

SIGNATURE: [signature] WILLIAM S OTTO MD 3/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR