


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90003 035 \*\*\*150.00

<b>DOCUMENT # P99000073683</b> 1. Entity Name <b>LAWRENCE E. SMITH D.O., P.A.</b>					
Principal Place of Business <b>1120 FAIRVIEW LN WEST PALM BEACH, FL 33404</b>			Mailing Address <b>1120 FAIRVIEW LN WEST PALM BEACH, FL 33404</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P O BOX2642</b> Suite, Apt. #, etc.			
City & State		City & State <b>PALM BEACH, FLORIDA</b>		4. FEI Number <b>65-0941366</b>	
Zip <b>33480</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, LAWRENCE E DO 1120 FAIRVIEW LANE WEST PALM BEACH, FL 33404</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SMITH, LAWRENCE E DO 1120 FAIRVIEW LANE WEST PALM BEACH, FL 33404</b> <input type="checkbox"/> Delete		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"/> 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.					
<b>SIGNATURE:</b> <u>Lawrence E Smith DO PA</u> <b>Lawrence E Smith DO PA</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date <u>8/20/04</u> Daytime Phone #</span>					

**54070666**



08102004 Chg-P CR2E034 (10/03)

Attachment  
54070666  
~~Dr. # P99000073683~~

**C.R. COOPER, CPA, PA**  
1495 FOREST HILL BLVD STE B  
WEST PALM BEACH, FLORIDA 33406

American Institute of  
Certified Public Accountants

(561) 964-6927  
(561) 432-0008

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

August 11, 2004

Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Taxpayer: Lawrence E Smith D.O., PA  
Document #: P99000073683  
FEIN: 65-0941366  
Tax Form: UBR  
Tax Period: 2004


To Whom It May Concern:

We have enclosed check # 702 in the amount of \$150.00 for the 2004 Annual Renewal of Lawrence E Smith D. O., PA, Document # P99000073683.

Please abate the penalty as Dr. Smith did not receive the original UBR. The Corporation did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,

  
C. R. Cooper, CPA



Encl.

cc