## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

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## Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P99000099627 04-29-2005 90211 018 \*\*\*150.00 MICHELE MAHOLTZ, M.D., P.A. quurubaa Principal Place of Business Mailing Address 3725 12TH CT 3725 12TH CT VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-0968264 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLTON Name COTTON, REBECCA B PA Street Address (P.O. Box Number is Not Acceptable) 3055 CARDINAL DRIVE SUITE 303 VERO BEACH, FL 32963 City 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Renistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DPST ☐ Delete TITLE Change Addition MAHOLTZ, MICHELE MD NAME NAME STREET ADDRESS 3725 12TH CT STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP 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.

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MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Date Daytene Phone #