2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P99000104454

Entity Name: NEIL SHECHTMAN, M.D., P.A.

Current Principal Place of Business:

204 U.S. 27 SOUTH, SUITE 4
LAKE PLACID, FL 33852

New Principal Place of Business:

316 WEST INTERLAKE BLVD
LAKE PLACID, FL 33852

Current Mailing Address:

204 U.S. 27 SOUTH, SUITE 4
LAKE PLACID, FL 33852

New Mailing Address:

316 WEST INTERLAKE BLVD
LAKE PLACID, FL 33852

FEI Number: 65-0968199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHECHTMAN, NEIL
204 U.S. 27 SOUTH, SUITE 4
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

SHECHTMAN, NEIL
316 WEST INTERLAKE BLVD
LAKE PLACID, FL 33852 US

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.

SIGNATURE: DAWN SHECHTMAN 04/19/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHECHTMAN, NEIL S PRESIDE
Address: 204 U.S. 27 SOUTH, SUITE 4
City-St-Zip: LAKE PLACID, FL 33852

Title: O ( ) Delete
Name: DAWN, SHECHTMAN VP
Address: 204 U.S. 27 SOUTH, SUITE 4
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SHECHTMAN, NEIL S PRESIDE
Address: 316 WEST INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: O (X) Change ( ) Addition
Name: DAWN, SHECHTMAN VP
Address: 316 WEST INTERLAKE BLVD
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL SHECHTMAN MD P 04/19/2005
Electronic Signature of Signing Officer or Director Date