

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S42009

1. Entity Name
STEVEN ZEIG, M.D., P.A.



Principal Place of Business
**601 N FLAMINGO RD
 SUITE 104
 HOLLYWOOD, FL 33028**

Mailing Address
**601 N FLAMINGO RD
 SUITE 104
 HOLLYWOOD, FL 33028 US**



01132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0257569** Applied For **Not Applicable**

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

6. Name and Address of Current Registered Agent

**ZEIG, STEVEN
 601 N FLAMINGO RD
 SUITE 104
 PEMBROKE PINES, FL 33028**

**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 _____ DATE **02/11/06-80079-004 150.00**

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZEIG, STEVEN
STREET ADDRESS	3700 WASHINGTON ST # 203
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
 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 affidavit, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 Date **954 435 5828** Daytime Phone #