## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 10, 2005 08:00 AM Secretary of State

DOCUMENT # S53778  1. Entity Name STUART ZOLL, CA,OMD,P.A.					Secretary of State
Durant Diagram I Durant Diagram Mailing Address					
Principal Place of Business 7301 W PALMETTO PK RD SUITE 103-C BOCA RATON, FL 33433		Mailing Address 7301 W PALMETTO PK RD SUITE 103-C BOCA RATON, FL 33433		E 103-C	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			02022005 Chg-P CR2E034 (10/03)
City & State		City & State		TOTAL PAGE	4. FEI Number         Applied For           65-0255100         Not Applicable
Zip	Country	Zip	Couni	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
				Name	
ZOLL, STUART 7301 W. PALMETTO SUITE 103C BOCA RATON, FL 33433				Street Address	(P.O. Box Number is Not Acceptable)
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				City	FL 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 protect name of registered agent and title if applicable. (NOTE, Registered Agent signature required, when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	5	☐ Change ☐ Addition
NAME	ZOLL, STUART		MAM	-	U00000224045
STREET ADDRESS	20988 VERANO WAY			ET ADDRESS	02/10/05-80067-024 150.00
CHY-S1-ZIP	BOCA RATON, FL	<u> </u>		-ST-ZIP	
TITLE		☐ Delete	IIILI NAM		Change Addition
NAME STREET ADDRESS				ET ADDRESS	
CHY-ST-ZIP				-ST-ZIP	
TITLE		☐ Delete	DIL	E	☐ Change ☐ Addition
NAME			NAM	IE	
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CITY-ST-ZIP				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)(1), 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if					