# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S56340

1. Entity Name
DR. MOLLY SNELL, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1212 E BROWARD BLVD #204 FORT LAUDERDALE, FL 33301   US | 1212 E BROWARD BLVD #204 FORT LAUDERDALE, FL 33301   US |

## DO NOT WRITE IN THIS SPACE

04182005     No Chg-P     CR2E034 (10/03)

4. FEI Number
65-0264396

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired    ☐    $8.75 Additional Fee Required

### 6. Name and Address of Current Registered Agent

CRAMMER, DR DENIS E
1212 E BROWARD BLVD
#204
FORT LAUDERDALE, FL  33301

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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 if applicable        (NOTE: Registered Agent's signature required when reinstating)        DATE

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

U00000321211
04/21/05-80070-017  150.00

### 10. OFFICERS AND DIRECTORS

| | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---|---|---|---|---|
| | PD | PECOCARO, CARMINE | 1768 CORAL WAY NORTH | VERO BEACH, FL 32963 |
| | SD | CRAMMER, DENISE | 1768 CORAL WAY NORTH | VERO BEACH, FL 32963 |
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## DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _____    CPP    04/19/05    954-242-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR        Date        Daytime Phone #