

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # S91101**  
 1. Entity Name  
 LAWRENCE M. KREISBERG, M.S., P.A.



Principal Place of Business      Mailing Address  
 8030 PETERS RD                      8030 PETERS RD  
 SUITE D-106                              SUITE D-106  
 PLANTATION, FL 33324              PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**



04062005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0295922      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KREISBERG, LAWRENCE M. M.S.  
 8030 PETERS ROAD  
 SUITE D-106  
 PLANTATION, FL 33324

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREISBERG, LAWRENCE M. 8030 PETERS RD #D-106 PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000297594  
 04/11/05-80037-004 150.00

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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: \_\_\_\_\_ *[Signature]* \_\_\_\_\_ Date: 4-7-05 Daytime Phone #: 954-475-9703