


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90094 017 \*\*\*150.00

**50049984**

**DOCUMENT # S98623**  
1. Entity Name  
**RICHARD SIEGLER, D.C., P.A.**



Principal Place of Business <del>20808 BISCAYNE BLVD</del> AVENTURA, FL 33180	Mailing Address <del>20808 BISCAYNE BLVD</del> AVENTURA, FL 33180	<del>US</del>	<del>US</del>
<i>3427 Bimini AVE</i>	<i>3427 Bimini AVE</i>	<i>COOPER CITY, FL 33026</i>	<i>COOPER CITY FL 33026</i>



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0298966</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEGLER, RICHARD**  
~~20808 BISCAYNE BLVD~~  
AVENTURA, FL 33180

*3427 Bimini AVE*  
*COOPER CITY, FL*  
*33026*

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

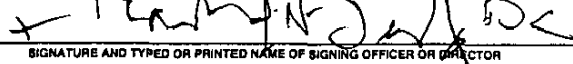
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SIEGLER, RICHARD <del>20808 BISCAYNE BLVD</del> N MIAMI BEACH, FL	<i>3427 Bimini AVE</i> <i>COOPER CITY, FL</i> <i>33026</i>
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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:  + 4-8-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #