


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90082 019 ***158.75

DOCUMENT # V06661 1. Entity Name PAUL ZIDEL, M.D., P.A.	
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Principal Place of Business 7421 N. UNIVERSITY DRIVE SUITE 107 TAMARAC, FL 33321	Mailing Address 700 NW 108TH AVENUE PLANTATION, FL 33324 CORAL SPRINGS 3100 CORAL HILLS DR. SUITE 305 FL 33065
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0308723	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ZIDEL, PAUL MD
7421 N. UNIVERSITY DRIVE
SUITE 107
TAMARAC, FL 33321

3100 CORAL HILLS DR
SUITE 305
CORAL SPRINGS FL
33065

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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: PAUL ZIDEL, MD Paul Zidel MD 4.26.05
Signature, typed or printed 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZIDEL, PAUL MD 700 N.W. 108TH AVENUE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Paul Zidel MD PAUL ZIDEL, MD 4.26.05 954476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7989