


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V12988		
1. Entity Name KENT SEITZ, M.D., P.A.		
Principal Place of Business 211 S. FEDERAL HWY STE 1 BOYNTON BEACH, FL 33435	Mailing Address 3646 CYPRESS EDGE DR LAKE WORTH, FL 33467	
DO NOT WRITE IN THIS SPACE		



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0310295 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEITZ, KENT 3646 CYPRESS EDGE DR LAKE WORTH, FL 33467
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**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: Laura Seitz (NOTE: Registered Agent signature required when reinstalling) DATE: 4/20/05

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	D SEITZ, KENT 3646 CYPRESS EDGE DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEITZ, LAURA 3646 CYPRESS EDGE DR LAKE WORTH, FL 33467
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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)(j), 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: Laura Seitz DATE: 4/20/05

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