


10/2

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 10 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 698189</b>		
1. Entity Name LEONARD A. ROUDNER, M.D., F.A.C.S., P.A.		

Principal Place of Business 550 BILTMORE WAY STE 890 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY STE 890 CORAL GABLES, FL 33134
---	---

**DO NOT WRITE IN THIS SPACE**



06082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2123035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROUDNER, LEONARD A., MD  
550 BILTMORE WAY, SUITE #890  
CORAL GABLES, FL 33134

**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 reissuing) DATE \_\_\_\_\_

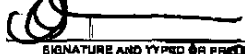
**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	DP ROUDNER, LEONARD A MD 2649 S BAYSHORE DR 1901 MIAMI, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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(9)(f), 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:  DATE: 7/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LEONARD ROUDNER, DIRECTOR

100040255151  
08/17/04--01066--022 \*\*150,00

242

**LEONARD A. ROUDNER, M.D., F.A.C.S., P.A.**

**550 BILTMORE WAY, SUITE 890**

**CORAL GABLES, FLORIDA 33134**

**305-444-8585**

July 2, 2004

Corporation Division  
Secretary of State  
Tallahassee, Florida 32301

Gentlemen:

We are filing the 2004 annual report for the corporation and requesting that the Secretary of State waive the penalty for late filing, as we did not receive our 2004 report.

Your courtesies are greatly appreciated.

Very truly yours,



Leonard A. Roudner, M.D.,  
President