

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011134

Entity Name: ITZHAK NIR, M.D., P.A.

FILED
Feb 13, 2004
Secretary of State

Current Principal Place of Business:

2281 GREENVIEW COVE DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

12989 SOUTHERN BLVD.
SUITE 205
LOXAHATCHEE, FL 33470

Current Mailing Address:

2281 GREENVIEW COVE DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIR, ITZHAK M.D.
2281 GREENVIEW COVE DRIVE
WELLINGTON, FL 33414

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ITZHAK, NIR M.D.
Address: 2281 GREENVIEW COVE DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ITZHAK NIR

PD

02/13/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date