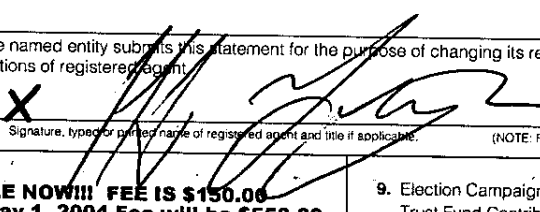
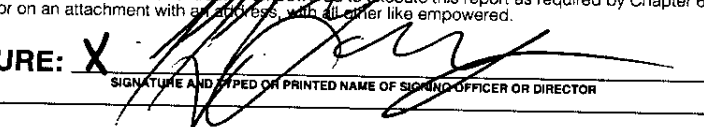


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90113 025 ***150.00

DOCUMENT # P93000060385					
1. Entity Name JEFFREY GALITZ, M.D., D.P.M., P.A.					
Principal Place of Business % JEFFREY GALITZ, M.D., D.P.M. 210 S. FEDERAL HIGHWAY, SUITE 401 HOLLYWOOD, FL 33020			Mailing Address % JEFFREY GALITZ, M.D., D.P.M. 210 S. FEDERAL HIGHWAY, SUITE 401 HOLLYWOOD, FL 33020		
2. Principal Place of Business 3700 Washington St. Suite, Apt. #, etc. Suite 403 City & State Hollywood, FL Zip 33021 Country USA		3. Mailing Address 3700 Washington St. Suite, Apt. #, etc. Suite 403 City & State Hollywood, FL Zip 33021 Country USA			
4. FEI Number 65-0443335		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GALITZ, JEFFREY MD DPM 210 S. FEDERAL HIGHWAY SUITE 401 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Jeffrey Galitz MD DPM Street Address (P.O. Box Number is Not Acceptable) 3700 Washington St. Ste. 403 City Hollywood FL Zip Code 33021		
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  DATE <u>4/12/03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALITZ, JEFFREY 210 S. FEDERAL HWY., SUITE 401 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3700 Washington St. Ste. 403 Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  DATE <u>4/12/03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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