2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000087985

1. Entity Name

RONALD M. KIRSNER, M.D., P.A.



FILED Feb 04, 2004 08:00 AM Secretary of State

Principal Place of Business

482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250 Mailing Address

482 JACKSONVILLE DRIVE JACKSONVILLE BEACH, FL 32250



DO NOT WRITE IN THIS SPACE

02032004	No Chg-P	CR2E034 (10/03)	
4. FEI Number			Applied For

59-3487152 Not Applicable

5. Certificate of Status Desired See Required Fee Required

6. Name and Address of Current Registered Agent

KIRSNER, RONALD M 482 JACKSONVILLE DRIVE JACKSONVILLE, FL 32250

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its re	egistered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE.	Registered Agent signature	required when reinstalling)	DATE
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		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSNER, RONALD M 482 JACKSONVILLE DRIVE JACKSONVILLE, FL 32250				U00000036167 .02/06/04-80049-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				f	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					(i) Florida Statutos Liusters portificates the information

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:

CKATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PRES

2/3/04

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