

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90003 034 ***150.00

DOCUMENT # P99000065712

1. Entity Name
REIMON PEDIATRICS, P.A.



Principal Place of Business
11921 S. DIXIE HWY.
SUITE 201
MIAMI, FL 33156 US

Mailing Address
11921 S. DIXIE HWY.
SUITE 201
MIAMI, FL 33156 US

04074307



08162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0937974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-LINARES, MANUEL G ESQ
201 S. BISCAYNE BOULEVARD
10TH FLOOR
MIAMI, FL 33131

**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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	DPST REIMON, PEDRO C M.D. 11921 S. DIXIE HWY. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04 (305) 969-7513
Date Daytime Phone #

Attachment

54072367

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REIMON PEDIATRICS PA

9-7-04

I have been informed by my accountant that I need to send the Corporation ANNUAL REPORT by tomorrow. I did not receive any other notice of the payment due date of MAY 04.

I am sending you a check for \$150.00; if you feel that I am responsible for the late fee please notify me and I will promptly send you what I owe you. I am sending the payment overnight to you. We are now recovering from Hurricane Frances.

Sincerely,
Dr. Fein

11921 S. Dixie Hwy # 201
Miami, FL 33156

Phone: (305) 969-7513