

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000011285

FILED
Jan 13, 2004
Secretary of State

Entity Name: MARTIN N. ZAIAC, M.D. P.A.

Current Principal Place of Business:

MOUNT SINAI HOSPITAL
4302 ALTON ROAD, SUITE 1005
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

MOUNT SINAI HOSPITAL
4302 ALTON ROAD, SUITE 1005
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0464361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZAIAC, MARTIN N
MOUNT SINAI HOSPITAL
4302 ALTON ROAD, SUITE 1005
MIAMI BEACH, FL 33140

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: D () Delete
Name: ZAIAC, MARTIN N
Address: 4302 ALTON ROAD, SUITE 1005
City-St-Zip: MIAMI BEACH, FL 33145

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: MARTIN N. ZAIAC

D

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date