

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90042 008 ***150.00

DOCUMENT # 478931

1. Entity Name
J. DAVID SKLIAR D.P.M., P.A.



Principal Place of Business
**7400 NORTH KENDALL DRIVE
SUITE 311
MIAMI, FL 33156 US**

Mailing Address
**7400 NORTH KENDALL DRIVE
SUITE 311
MIAMI, FL 33156 US**

94033094

2. Principal Place of Business
5010 S.W. 148 PLACE
Suite, Apt. #, etc.

3. Mailing Address
5010 S.W. 148 PLACE
Suite, Apt. #, etc.

03112004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FLORIDA
Zip
33185
Country
USA

City & State
MIAMI, FLORIDA
Zip
33185
Country
U.S.A.

4. FEI Number
59-1605797
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**J DAVID SKLIAR
7400 NORTH KENDALL DR
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5010 S.W. 148 PLACE
MIAMI
City
FL Zip Code
33185

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 _____

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKLIAR, J-DAVID 7400 NORTH KENDALL DR MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKLIAR, J. DAVID 5010 S.W. 148 PL. MIAMI, FL 33185	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: J. David Skliar, DPM **J. DAVID SKLIAR, DPM** 3/18/2004 305-553-4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #