04-18-2005 90572 028 *** 150:00 479157

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							ADDDO	MEE		
1. Entity Nam	ve .	# 479157 HELLER, M.D., P.A			APPROVEC AND FILED 05 MAY 13 AM 8: 51					
Principal Place of Business Mailing Address								MII O. (,,	
8525 SW 92ND ST 8525 SW 92ND ST										
D-13		D-13				Cretary (OF STAT	E		
MIAMI, FL 33156 MIAMI, FL 33156						TAI	LAHASSEE) <u>A</u>	8 P) n 18 P(
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2. Principal Place of Business 3.			3. Malling Address				1)3 (2001)			anuu ,
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01192005	Chg-P	CR2E03	4 (10/03)	MRI
City & State			City & State			4. FEI Number 59-1593	951			olied For Applicable
Zip-	Zip- Country		Zip Country		itry ·	5. Certificate o	f Status Desired		8.75 Addi	
6. Name and Address of Current I			legistered Agent			7. Name and Address of New Registered Agent				
	9. 7191710	AND MULICISE OF CONTROL	registereo mgont	Name						
SOKOLOV 8525 S.W. MIAMI, FL	92ND ST		Street Ad			ss (P.O. Box Number is Not Acceptable)				
•										
		4	•		City			FL	Zip Code	' {
8. The above named critity 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 Signature, typed or printed nume of registered agent and take it applicable. (NOTE: Registered Agent stynature required when reinstating) OATE										
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										,
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE	PD		Delete	III,	<u> </u>				Change .	. D Addition
NAME	SOKOLOWICZ, JOHN				E .		•			_
STREET ADDRESS					EET ADORESS					
CITY-ST-ZIP					'-ST-ZDP					
THILE	D Deleta IIII.				E				☐ Change	Addition
NAME	HELLER, DEAN				iE					
STREET ADDRESS 8525 SW 92ND STREET, D-13				STRE	EET ADORESS					
CITY-ST-ZIP	MIAMI, FI	33156		СПҮ	-SI-ZIP					
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TITLE NAME			☐ Delete	NAM					C. CIRIGE	Ü 700-001
STREET ADDORESS	1				EET ADORESS				•	- 1
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TITLE			☐ Delete	ħπ	E			-	☐ Change	Addition
• NAME				HAM	ië				-	1
STREET ADDRESS		•	••		EET ADDRESS	•		• •		
CITY-SI-ZIP					-ST-ZIP			• • •	·	
12. Thereby 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 advices, with all other like empowered.										
0101		\checkmark \land NC	١ ,			1 1. 11	1:05	VS'	77444	949
SIGNATURE: SIGNATURE A OF THE THE PROPERTY OF PICER OR DIRECTOR DES DES DESCRIPTION DES DES DESCRIPTION OF THE PICER OF DIRECTOR DESCRIPTION OF THE PICER										