

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 479412

**FILED**  
**Jan 21, 2004**  
**Secretary of State**

**Entity Name:** BARROSO AND ADLER, D.O., P.A.

**Current Principal Place of Business:**

900 SOUTH GOLDENROD ROAD SUITE B  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

900 SOUTH GOLDENROD ROAD SUITE B  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 59-1605648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARROSO, LUIS F M.D.  
900 SOUTH GOLDENROD ROAD SUITE B  
ORLANDO, FL 32822 US

**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: PDT ( ) Delete  
Name: BARROSO, LUIS F  
Address: 7212 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete  
Name: ATTERMAN, STEVEN  
Address: 7212 CURRY FORD RD.  
City-St-Zip: ORLANDO, FL 32822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: BARROSO, LUIS F  
Address: 900 S GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL 32822

Title: D (X) Change ( ) Addition  
Name: ATTERMAN, STEVEN  
Address: 900 S GOLDENROD ROAD  
City-St-Zip: ORLANDO, FL 32822

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: LUIS F. BARROSO, D.O.

PDT

01/21/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date