2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 479417

1. Entity Name
MEDICAL SPECIALISTS OF FORT LAUDERDALE, P.A.

Principal Place of Business	Mailing Address
3444 N UNIVERSITY DR SUNRISE, FL 33351	DAVID RASKIN M.D. 3444 N. UNIVERSITY DR, SUNRISE TOWN CTR SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

01282004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1593999	Not Applicable

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

6. Name and Address of Current Registered Agent

RASKIN, DAVID B
3444 N UNIVERSITY DR
SUNRISE TOWN CETER
FORT LAUDERDALE, FL 33351

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when registering)   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	PD
NAME	RASKIN, DAVID
STREET ADDRESS	3444 N UNIVERSITY DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351

TITLE	
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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: _David Raskin president_ 2/9/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #