2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 485117

1. Entity Name
ALAN BORENSTEIN M.D., P.A.

Principal Place of Business	Mailing Address
3001 NW 49TH AVENUE SUITE 204 LAUDERDALE LAKE, FL 33313	3001 NW 49TH AVENUE SUITE 204 LAUDERDALE LAKE, FL 33313

DO NOT WRITE IN THIS SPACE

08032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1622818
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BORENSTEIN, ALAN
3001 NW 49TH AVENUE SUITE 204
LAUDERDALE LAKE, FL 33313

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BORENSTEIN, ALAN
STREET ADDRESS	3001 NW 49TH AV. ST. 204
CITY-ST-ZIP	LAUDERDALE LAKES FL,
TITLE	ST
NAME	BORENSTEIN, CAROL
STREET ADDRESS	3001 NW 49TH AVE 204
CITY-ST-ZIP	LAUDERDALE LAKES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/09/04-80010-028 150.00

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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: Alan Borenstein ALAN BORENSTEIN, M.D. 8/4/04 954 739-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #