

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 90432 008 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

4/2

66421638



03152004 Chg-P CR2ED34 (10/03)

4. FEI Number
59-1681317 Applied For
Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # 509813
1. Entity Name
JELLINGER, NOVAK & LERMAN, M.D., P.A.



Principal Place of Business
1150 N 35TH AVE
SUITE 590
HOLLYWOOD, FL 33021 US

Mailing Address
GELBER & COMPANY
11450 INTERCHANGE CIRCLE NORTH
MIRAMAR, FL 33025 US

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

8. Name and Address of Current Registered Agent
PRESS, MARTIN
500 E. BROWARD BLVD.
FT. LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

9. 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 (if applicable) (NOT: Registered Agent signature required when re-registering) DATE

FILE NOW!! FEE IS \$150.00 After May 1, 2004, Fee will be \$650.00
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JELLINGER, PAUL S 1150 N 35TH AVE, SUITE 590 HOLLYWOOD, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVAK, STEPHEN B 1150 N 35TH AVE, SUITE 590 HOLLYWOOD, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GELMAN, KENNETH 1150 N 35TH AVE, SUITE 590 HOLLYWOOD, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LERMAN, SAM 1150 N 35TH AVE, SUITE 590 HOLLYWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LERMAN, SAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(k), 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: Paul S. Jellinger President 5-10-04 954-963-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

PAUL S. Jellinger