FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90013 042 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 515763

1. Entity Name
DR. JOHN J. MADONNA, P.A.

94024209

Principal Place of Business	Mailing Address
3701 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308	3701 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308

01272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4750 N. Federal Highway	4750 N. Federal Highway
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33308 Country USA	Zip 33308 Country USA

4. FEI Number 59-1691481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENTHAL, STUART S. ESQ. 633 SE 3RD AVENUE FT. LAUDERDALE, FL 33301	Name Stuart S. Rosenthal, P.A. Street Address (P.O. Box Number is Not Acceptable) 404 E. Atlantic Blvd. Suite 101 City Pompano Beach FL Zip Code 33060

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 X [signature] X 1/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, STUART S. 3101 N. FEDERAL HWY FT. LAUDERDALE FL, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 404 E. Atlantic Blvd., Suite 101 Pompano Beach, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADONNA, JOHN J. 1516 E. LAS OLAS BLVD. FT. LAUDERDALE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4750 N. Federal Highway, Suite 203 Fort Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: X [signature] X 1/30/04 X 4 87-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #