2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 584394

Entity Name: ORNSTEIN, ROMAN & NEUSTATER, M.D., P.A.

FILED Mar 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16855 NE 2ND AVE. #202 16855 NE 2ND AVENUE NORTH MIAMI BEACH, FL 33162

SUITE 202

NORTH MIAMI BEACH, FL 33162

Current Mailing Address: New Mailing Address:

16855 NE 2ND AVE. #202 16855 NE 2ND AVENUE

NORTH MIAMI BEACH, FL 33162 SUITE 202

NORTH MIAMI BEACH, FL 33162

FEI Number: 59-1841456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROMAN, RICARDO J ROMAN, RICARDO J M.D. 16855 NE 2ND AVE 16855 NE 2ND AVENUE #202 SUITE 202

N MIAMI BEACH FL, FL 33162 US N MIAMI BEACH FL, FL 33162 US

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: RICARDO J. ROMAN, M.D. 03/23/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: PRFS (X) Change () Addition

Title: ROMAN, RICARDO, M.D., Name: Name: ROMAN, RICARDO J MD 16855 NE 2ND AVE #202 16855 NE 2ND AVENUE SUITE 202 Address: Address:

City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VΡ () Delete Title: VΡ (X) Change () Addition NEUSTATER, BRETT R Name: Name: NEUSTATER, BRETT R MD 168 55 NE 2ND AVE. #202 168 55 NE 2ND AVE. #202 Address: Address: NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip:

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: RICARDO J. ROMAN, M.D. **PRES** 03/23/2004