2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED HAS

DOCUMENT # 592230 1. Entity Name HENRY STORPER, M.D., P.A.			Jan 28, 2004 08:00 AM Secretary of State	
Principal Place of Business	Mailing Address		<u>-</u> -	7
9275 SW 152 ST.	9275 SW 152 ST.			
108-8 MIAMI FL 33157	108-B MIAMI FL 33157			
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2. Ougoinal Place of Propagate	1 d 45-1 0 d d			
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				
Suite, Apr. #, etc.				MOORE CR2E034 (11/03)
City & State City & State				4. FEI Number Applied For
				59-1861106 Not Applicable
Zip Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional
	<u> </u>			5. Certificate of Status Desired Fee Required
6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent
OTOPPED DE LIEUDIA			Name	
STORPER, DR. HENRY 10535 SW 128 TERR			Street Address	(P.O. Box Number is Not Acceptable)
MIAMI FL 33176				
ttt / 2 00 (/ 0				
			City	FL Zip Code
8. The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	register	ed office or registe	ared agent, or both, in the State of Florida. I am familiar with, and accept
())				
SIGNATURE	Atom			
Signature, typed or printed name of negistered agont a	NOT	Registere	ed Agent signature require	d when rainstating) DATE
FILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing \$5.00 May Be
After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Make Check Payable to Florida Department of	State			
10. OFFICERS AND I	DIRECTORS	11.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD	☐ Delete	साध	3	☐ Change ☐ Addition
NAME STORPER, DR. HENRY		NAS	1	000000019460 01/29/04-80025-015 150.00
STREET ADDRESS 10535 SW 128 TERR CITY-ST-ZIP MIAMI FL			EET ADORESS	01/23/04-80025-015 150.80
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STREET ADDRESS		•	ET ADDRESS	
CITY-ST-ZIP			-ST-Z/P	
indicated on this report or supplemental report is	true and accurate and that n wered to execute this report	ny signa as requi	ture shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

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