


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 600441
 1. Entity Name
 DR. PAUL T. RICHMAN, P.A.



Principal Place of Business 1045 N.E. 125TH STREET NORTH MIAMI, FL 33161-5804	Mailing Address 1045 N.E. 125TH STREET NORTH MIAMI, FL 33161-5804
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DO NOT WRITE IN THIS SPACE



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1224217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RICHMAN, PAUL T
 1045 N E 125TH ST
 N MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICHMAN, PAUL T 1045 N.E. 125TH ST. NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEISTER, MALCOLM 3000 ISLAND BLVD 32704 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 02/21/05-80093-023 150.00

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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: *Dr. Paul T. Richman* DR. PAUL T. RICHMAN 2/17/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #

305 891 3306