


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90029 004 ***150.00

DOCUMENT # 601627 1. Entity Name PEDRO J. GREER, M.D., & ASSOCIATES, P.A.	
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Principal Place of Business 3661 S MIAMI AVE 805 MIAMI, FL 33133 US	Mailing Address 3661 S. MIAMI AVE. APT. 805 MIAMI, FL 33133 US
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2. Principal Place of Business	3. Mailing Address	03292004 Chg-P CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1274549
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

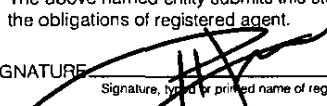
6. Name and Address of Current Registered Agent

GREER, PEDRO J.
3661 S. MIAMI AVE.
APT 805
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name: Greer, Jr. Pedro J.
Street Address (P.O. Box Number is Not Acceptable): 3661 S. Miami Ave., #805
City: Miami FL Zip Code: 33133

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: 041204

(NOTE: Registered Agent signature required when reinstating)

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		Delete
TITLE	PD GREER, PEDRO J	<input checked="" type="checkbox"/>
NAME	3661 S. MIAMI AVE., APT. 805	
STREET ADDRESS	MIAMI, FL	
CITY-ST-ZIP		
TITLE	D GREER, JR. PEDRO J.	<input type="checkbox"/>
NAME	3661 SOUTH MIAMI AVENUE #805	
STREET ADDRESS	MIAMI, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: 041204 DAYTIME PHONE #: 305856-7333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR