2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601802

FILED Apr 29, 2004 Secretary of State

Entity Name: DRS. NICHOL, PHILLIPS, ELIAS, SAYFIE AND CASSIS, P.A.

Current P	rincipal Place	of Business:	New Principal Place	of Business:	
	ERIDIAN AVE.		·		
7460					
MIAMI BE	ACH, FL 33140) US			
Current M	lailing Addres	s:	New Mailing Address	s:	
	ERIDIAN AVE.				
7460 MIAMI BE	ACH, FL 33140) US			
FEI Number	: 59-1289680	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:	
RAZOOK, RICHARD ESQ 800 BRICKELL AVE., #201 MIAMI, FL 33131 US			1111 BRIĆKELL AVEN	RAZOOK, RICHARD ESQ 1111 BRICKELL AVENUE, #2500 MIAMI, FL 33131 US	
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The above	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both	
The above n the State	e of Florida. ´ RE:			d office or registered agent, or both, 04/29/2004	
The above n the State	e of Florida. RE: Electron	submits this statement for the particle in the particle in Signature of Registered Agrammeters (1).			
The above n the Stati SIGNATUI	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	04/29/2004	
The above n the Stati SIGNATUI	e of Florida. RE: Electron mpaign Financing S AND DIREC P () ELIAS, RICHAR	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete D A. M IAN AVE., SUITE 7460	ent	04/29/2004 Date	
The above n the Status SIGNATUI Election Care OFFICER Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIREC P () ELIAS, RICHAR 4701 N. MERID MIAMI BEACH, VP () SAYFIE, EUGEI	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete D A. M IAN AVE., SUITE 7460 FL Delete	ent ADDITIONS/CHANGE Title: Name: Address:	04/29/2004 Date ES TO OFFICERS AND DIRECTO	

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: RICHARD A. ELIAS, MD P 04/29/2004