2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 602235 1. Entity Name

ALAN I. BRAUN, M.D., P.A.

FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

4302 ALTON RD #600 MIAMI BEACH, FL 33140 Mailing Address

4302 ALTON RD #600 MIAMI BEACH, FL 33140



04132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1295571 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAUN,ALAN I 4302 ALTON RD. STE. GW MIAMI BEACH, FL 33140

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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 Signature, typed or printed name of registered again and title it applicable (NOTE Registered Agent signature required when reinstate					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fit Trust Fund Contribution			cing [\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET AODRESS CITY-ST-ZIP	P BRAUN, ALAN I. 4302 ALTON DR. STE. 600 MIAMI BEACH, FL				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D BRAUN, ALAN I. 4302 ALTON RD STE 600 MIAMI BEACH, FL				U00000114171 04/15/04-80038-022 150.00
TIFLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TOTLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the Information supplied with this filling 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.					