


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 602923	
1. Entity Name STANLEY S. NEEDELL M.D., PA	

Principal Place of Business 11313 SW 69 CT MIAMI, FL 33156	Mailing Address 11313 SW 69 CT MIAMI, FL 33156
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01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1352584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NEEDELL, STANLEY S 11313 SW 69 COURT MIAMI, FL 33156
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**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEEDELL, STANLEY 11313 SW 69 COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEEDELL, MERVIN H 1535 SW 151 AVENUE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEEDELL, MERVIN H. 1525 SW 151 AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Stanley S. Needell, M.D. **1-21-04** **305 858 3535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #