2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 603583

1. Entity Name
BRADFORD & KALSTONE, M.D., P.A.

Principal Place of Business	Mailing Address
6280 SUNSET DR #500	6280 SUNSET DR #500
MIAMI, FL 33143	MIAMI, FL 33143

DO NOT WRITE IN THIS SPACE

01232004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1397646	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ULLMAN, SAMUEL
ALFRED I DUPONT BLDG
MIAMI, FL 33131

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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 agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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

U00000058333
02/20/04-80025-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRADFORD, S ALLEN
STREET ADDRESS	6280 SUNSET DR #500
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	ST
NAME	KALSTONE, CHARLES
STREET ADDRESS	6280 SUNSET DR #500
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Charles Kalstone, MD_   2/17/04   305-667-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #