
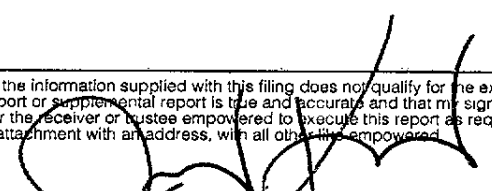


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 604632</b>		
1. Entity Name ROBERT L. KANTOR, M.D., P.A.		
Principal Place of Business 2111 BEE RIDGE SARASOTA, FL 34239 US		Mailing Address 2111 BEE RIDGE SARASOTA, FL 34239 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		04162004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-1480300		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  KANTOR, ROBERT L., M.D. 2111 BEE RIDGE RD SARASOTA, FL 34239		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000134278 04/28/04-80012-015 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KANTOR, ROBERT L. 2111 BEE RIDGE RD SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT MENEZES, ALLISON V 2111 BEE RIDGE SARASOTA,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRIEDMAN, ROBERT S 2111 BEE RIDGE ROAD SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANSUL, NICHOLAS 2111 BEE RIDGE RD SARASOTA, FL 34239	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: 		4/21/04 Date Daytime Phone #