

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90056 042 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

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66006531



<b>DOCUMENT # 604802</b>			
1. Entity Name <b>SIME, DAVID W., MD, P. A.</b>			
Principal Place of Business <b>9140 BAY DR SURFSIDE, FL 33154 US</b>		Mailing Address <b>9140 BAY DR SURFSIDE, FL 33154 US</b>	
2. Principal Place of Business <b>9140 BAY DR</b>		3. Mailing Address <b>9140 BAY DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SURFSIDE Fla</b>		City & State <b>SURFSIDE Fla</b>	
Zip <b>33154</b>		Zip <b>33154</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1490501</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SIME, DAVID W. 9140 BAY DR SURFSIDE, FL 33154</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>PD SIME, DAVID W 155 BISCAY DR BAL HARBOUR, FL 33154</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>MD DAVID W. SIME 9140 BAY DR SURFSIDE FLA 33154</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date: <b>2/18/05</b> 305 9075865	
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR		Date Daytime Phone #	