

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 605625 1. Entity Name SAMIR ELIAS, M.D., P.A.				
Principal Place of Business 1655 JESS PARRISH CT. TITUSVILLE, FL 32796		Mailing Address 1655 JESS PARRISH CT. TITUSVILLE, FL 32796		
DO NOT WRITE IN THIS SPACE				
				 01072004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-1880963		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 ELIAS, SAMIR 1655 JESS PARRISH CT. TITUSVILLE, FL 32796		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retesting)</small>		DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ELIAS, SAMIR 1655 JESS PARRISH CT. TITUSVILLE, FL			
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<div>000000009909 01/22/04-80010-015 150.00</div> 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)(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: <u>Samir Elias M.D.</u>		Date: <u>1/19/04</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>321-369-4911</u>		