2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # 653244

FILED Jan 16, 2004 08:00 AM Secretary of State

1. Entity Name MICHAEL D. OZNER M.D., PROFESSIONAL **ASSOCIATION**

Principal Place of Business

winder of the

8950 N KENDALL DR, SUITE 405 MIAMI, FL 33176

Mailing Address 8950 N KENDALL DR, SUITE 405

MIAMI, FL 33176



DO	NOT	WRITE	IN	THIS	SPA	CF
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CR2E034 (10/03) No Chg-P Applied For 4. FEI Number 59-1973191 Not Applicable

5. Certificate of Status Desired

01092004

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OZNER, MICHAEL D 8950 N KENDALL DR, SUITE 405 MIAMI, FL 33176

SIGNATURE:

DO NOT WRITE IN THIS SPACE

1,3 04

3055

Daytime Phone #

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 tills if applicable (NOTE, Registered Agent signature required when reinstating) DATE									
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
HILL NAME STREET ADDRESS CHY-ST-ZIP	PSTD OZNER, MICHAEL D 8950 N KENDALL DR #405 MIAMI, FL 33176	· ·			U00000006176 01/16/04-80025-003 150.00				
TITLE NAME STREET ADDRESS CATY-ST-ZIP				_	01710707 00023 003 130.00				
TITLE HAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITUE NAME STREET ADDRESS CITY+ST-ZIP	_			IN T	THIS SPACE				
TITLE NAME STREET ADDRESS CHY-ST-ZIP									
TITLE NAME STREET ADDRESS CHY-SI-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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reported 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.									

President