

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # 674801 1. Entity Name JACK GREENER, M.D., P.A.	
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Principal Place of Business 21110 BISCAYNE BOULEVARD, SUITE 406 AVENTURA, FL 33180-8240	Mailing Address 21110 BISCAYNE BOULEVARD, SUITE 406 AVENTURA, FL 33180-8240 US
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01042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2004057	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREENER, JACK 21110 BISCAYNE BOULEVARD, SUITE 406 AVENTURA, FL 33180
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

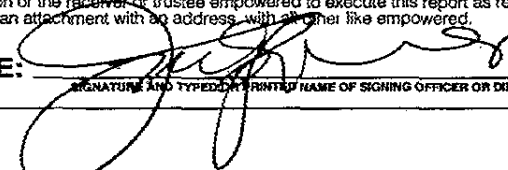
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GREENER, JACK 21110 BISCAYNE BLVD, 406 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ABRAMSON, I. JACK 21110 BISCAYNE BLVD., 406 AVENTURA, FL 33180
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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01/12/04-80023-018 158.75

**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:  **6/04 305-935-4391**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #