
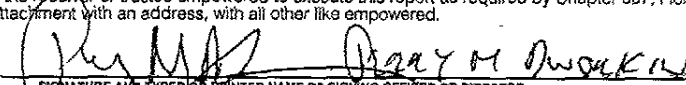


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 682720		
1. Entity Name PERRY M. DWORKIN, D.O., P.A.		
Principal Place of Business % BETSY PAYNE 20145 NE 3RD COURT, #7 MIAMI, FL 33179		Mailing Address % BETSY PAYNE 20145 NE 3RD COURT, #7 MIAMI, FL 33179
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DWORKIN, DR. PERRY M. % BETSY PAYNE 20145 NE 3RD COURT #7 MIAMI, FL 33179		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 _____ (NOTE: Registered Agent signature required when reinstating) 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		U000000136253 04/28/04-80086-007 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	DWORKIN, PERRY M.	
STREET ADDRESS	4930 MADISON STREET	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
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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:  PERRY M. DWORKIN		4-10-04 954-648-5271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #