

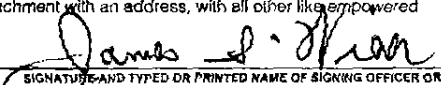


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F12756 1. Entity Name JAMES S. WIENER, M.D., P.A.			
Principal Place of Business 1150 N 35TH AVE 465 HOLLYWOOD, FL 33021 US		Mailing Address 11450 INTERCHANGE CIRCLE NORTH HOLLYWOOD, FL 33025 US	
DO NOT WRITE IN THIS SPACE			
		03272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2062915	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KONES, HYMAN I. 5000 PIERCE STREET HOLLYWOOD, FL 33021		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000483597 04/18/06-80022-024 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD WIENER, BERNICE 1150 N 35TH AVE HOLLYWOOD, FL 00000,		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD WIENER, JAMES S 1150 N 35TH AVE HOLLYWOOD, FL 00000,		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WIENER, DAN E 1150 N 35TH AVE HOLLYWOOD, FL 00000,		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		3-29-06 954-983-5105 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			