


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F45911 1. Entity Name MELVIN E. PANN, M.D., P.A.																																																																	
Principal Place of Business 11173 NW 4TH CT CORAL SPRINGS FL 33071 US			Mailing Address 11173 NW 4TH CT CORAL SPRINGS FL 33071 US																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																															
City & State		City & State																																																															
Zip	Country	Zip	Country	4. FEI Number 59-2128686																																																													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable \$8.75 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent PANN, MELVIN E. MD 11173 N.W. 4TH COURT CORAL SPRINGS FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																														
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) <small>Signature typed or printed name of registered agent and title if applicable</small>																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PANN, MELVIN E MD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>11173 NW 4TH CT CORAL SPRINGS FL 33071</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> <tr> <td colspan="3" style="height: 40px;"> </td> <td colspan="3" style="height: 40px;"> </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS	PANN, MELVIN E MD		STREET ADDRESS			CITY - ST - ZIP	11173 NW 4TH CT CORAL SPRINGS FL 33071		CITY - ST - ZIP																																						
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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 changed, or on an attachment with an address, with all other like empowered.																																																																	
SIGNATURE: <u>Melvin E. Pann, M.D. (Melvin E. Pann, M.D.)</u> 1/21/04 954-753-94																																																																	