


**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90032 048 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F93642</b> 1. Entity Name LEE H. GREENE, M.D., P.A.	
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Principal Place of Business 4947 WEST ATLANTIC AVE DELRAY BCH., FL 33445	Mailing Address 4947 WEST ATLANTIC AVE DELRAY BCH., FL 33445
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**DO NOT WRITE IN THIS SPACE**



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2231021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GREENE, LEE H  
4947 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33445

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PTS
NAME	GREENE, LEE H
STREET ADDRESS	4947 W. ATLANTIC AVE
CITY-ST-ZIP	DELRAY BCH., FL
TITLE	D
NAME	GREENE, LEE H
STREET ADDRESS	4947 W. ATLANTIC AVE
CITY-ST-ZIP	DELRAY BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: Lee H. Greene  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/31105 (561)-498-0601  
Date Daytime Phone #