


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90168 031 ***150.00

DOCUMENT # F94000004799

1. Entity Name
PROFESSIONAL CENTER OF SOUTH FLORIDA, INC.



Principal Place of Business
1380 MIAMI GARDENS DR #250 NORTH MIAMI BEACH, FL 33179

Mailing Address
1380 MIAMI GARDENS DR #250 NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business
1380 NE MIAMI GARDENS DR
 Suite, Apt. #, etc. **220**

3. Mailing Address
1835 NE MIAMI GARDENS DR
 Suite, Apt. #, etc. **144**

City & State
MIAMI FL

City & State
North Miami Beach, FL

Zip
33179

Country
USA

Zip
33179

Country
USA



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2262709

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRAYND, PAUL
1380 MIAMI GARDENS DR #250
NORTH MIAMI BEACH, FL 33179

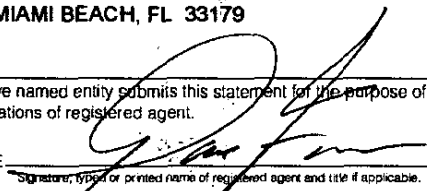
7. Name and Address of New Registered Agent

Name **FRAYND, PAUL**

Street Address (P.O. Box Number is Not Acceptable)
1380 NE MIAMI GARDENS Drive #220

City **North Miami Beach** FL Zip Code **33179**

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: **4/22/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	P	<input type="checkbox"/> Delete
NAME	FRAYND, PAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS DRIVE #250	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRAYND, FANNY	
STREET ADDRESS	1380 NE MIAMI GARDENS DR.#250	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRAYND, SAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS DR. #250	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, PAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS Drive, 220	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, FANNY	
STREET ADDRESS	1380 NE MIAMI GARDENS Drive, 220	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, SAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS Drive, 220	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **4/22/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR