2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F97986



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

NEIL A. AHNER, M.D., INC.							04-28-2004	90241 00.	3130	.00
Principal Plac	e of Busines	s	Mailing Address							
10333 N MIL	LITARY TRA	AIL	10333 N MILITARY TRAIL							
SUITE A PALM BEACH GARDENS FL 33410 A PALM BEACH GARDENS FL 33					3410	 	I		ITA OKOTA BABAK ULI	
2. Principal P	Place of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1122	MOORE	CR2E034	(11/03)	
City 9 Charles			Ch. 8 Ch.						· ·	
City & State			City & State			4. FEI Numbe	59-221922	4	<u> </u>	oplied For of Applicable
Zip	Country		Zip Coun		try	5. Certificate	of Status Desired		8.75 Add	
	6. Name	and Address of Current	Registered Agent	·		7. Name and	Address of New	Registered A	gent	
وي الشميدسات		<u> </u>	فتسيستيند البشيقان والاحتجاز يرستان	. حت	_Name				- *	
AHNER, NEIL 10333A N. MILITARY TRAIL PALM BEACH GARDENS FL 33410					Street Address (P.O. Box Numbe	r is Not Acceptab	le) .		
		: '			City			FL	Zip Cod	le
	named entit		r the purpose of changing its	register	ed office or register	red agent, or both	h, in the State of F	lorida. I am fa	amiliar with,	and accept
ine congar	tions or regis									
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE		
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Ele	ction Campaign F	inancing	\$5.0)0 May Be
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10.: TITLE NAME	P AHNER, N	o Florida Department of OFFICERS AND EIL	State DIRECTORS	TITLI NAM	E IE			on.	Added	o to Fees
10. ₁	P AHNER, N 10333 N N	o Florida Department of OFFICERS AND	State DIRECTORS	TITLI NAM STRE	E			on.	Added	o to Fees
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Intereory certify that the information supplied with this triping does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied entail report structure 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 legicity of 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: