

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G73391  
 1. Entity Name  
 ROBERT F. CULLEN, JR., M.D., P.A.



Principal Place of Business      Mailing Address  
 3200 SW 60 CT.                      3200 SW 60 CT.  
 SUITE 302                              SUITE 302  
 MIAMI, FL 33155                      MIAMI, FL 33155



01062004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-2355736      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CULLEN, ROBERT F JR.  
 3200 SW 60 CT.  
 SUITE 302  
 MIAMI, FL 33155

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) \_\_\_\_\_ DATE \_\_\_\_\_

**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

U00000145117  
 05/03/04 80011 828 150.00

10. OFFICERS AND DIRECTORS

|                 |                          |
|-----------------|--------------------------|
| TITLE           | PTSV                     |
| NAME            | CULLEN, ROBERT F JR.     |
| STREET ADDRESS  | 3200 SW 60 CT., STE. 302 |
| CITY - ST - ZIP | MIAMI, FL 33155          |
| TITLE           | D                        |
| NAME            | CULLEN, ROBERT F JR.     |
| STREET ADDRESS  | 3200 SW 60 CT., STE. 302 |
| CITY - ST - ZIP | MIAMI, FL 33155          |
| 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 empowerments.

SIGNATURE: Robert F. Cullen Jr. M.D.      Date: 4/29/04      Daytime Phone #: 786-268-1781