

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: 3200 SW 60 CT., SUITE 302, MIAMI, FL 33155
 Mailing Address: 3200 SW 60 CT., SUITE 302, MIAMI, FL 33155



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2355736 Applied For / 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

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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 020 150.00

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	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. Cullen Jr. M.D. Date: 4/29/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 786-268-1781