



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # H02683 1. Entity Name SUSAN PULS, M.D., P.A.			
Principal Place of Business 831 SW 34 AVE. BOYNTON BEACH, FL 33435 US		Mailing Address 831 SW 34 AVE. BOYNTON BEACH, FL 33435 US	
DO NOT WRITE IN THIS SPACE			
			 02212004 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-2411591	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PULS, SUSAN M.D. 831 SW 34 AVE. BOYNTON BEACH, FL 33435		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS PULS, SUSAN M.D. 831 SW 34 AVE. BOYNTON BEACH, FL 33435		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PULS, WAYNE E 831 SW 34 AVE. BOYNTON BEACH, FL 33435		
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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: <u>Susan Puls M.D. president</u> 2/23/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			