2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# H15787

Entity Name: JOEL D. GREENBERG, M.D., P.A.

Current Principal Place of Business:

814 S. WASHINGTON AVE.
SUITE A
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2048 VENETIAN WAY
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-2437915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
LEFKOWITZ, KOLTUN & TOPHAM, P.A.
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: GREENBERG, JOEL D.,, M.D.
Address: 2048 VENETIAN WAY
City-St-Zip: WINTER PARK, FL 32789

Title: VS ( ) Delete
Name: ASCH, JOSEPH A., M.D, .
Address: 1120 WOODCHUCK COURT
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SH ( ) Change (X) Addition
Name: ZARATE, JUAN C.,
Address: 212 CORTLAND AVE.
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL D. GREENBERG, M.D. PTD 02/02/2005

Electronic Signature of Signing Officer or Director — Date