


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # H24530 1. Entity Name MARIO E. DOMENZAIN, M.D., P.A. |  |
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| | |
|--|--|
| Principal Place of Business % PETER JONAS 8370 W. FLAGLER ST. SUITE 125 MIAMI, FL 33144 | Mailing Address % PETER JONAS 8370 W. FLAGLER ST. SUITE 125 MIAMI, FL 33144 |
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-2453167 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JONAS, PETER
 8370 W. FLAGLER
 SUITE 125
 MIAMI, FL 33144

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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 re-stating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

400000093943
 03/22/04-80039-013 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BERNSTEIN, RICHARD N. 9100 S. DADELAND #1003 MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DOMENZAIN, MARIO E. 8950 N KENDALL DR., #402 S MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| 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)(f), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03-18-04 Daytime Phone #: 305-270-1170