FILED
Jun 24, 2004 8:00 am
Secretary of State

05-13-2004 90013 010 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1

66428954

MOORE CR2E034 (11/03)

DOCUMENT # J31959

1. Entity Name

MARSHALL S. WISE, P.A.

Principal Place of Business	Mailing Address
6300 W. ATLANTIC BLVD MARGATE FL 33063 US	P O BOX 935029 MARGATE FL 33093 US

2. Principal Place of Business	3. Mailing Address
639 BANKS RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FL	City & State
Zip: 33063 Country: BROWARD	Zip Country

4. FEI Number: 59-2789411 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WISE, MARSHALL S
6300 W ATLANTIC BLVD
MARGATE FL 33063

MARSHALL WISE
639 BANKS RD
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: MARSHALL S WISE, P.A.
Street Address (P.O. Box Number is Not Acceptable): PO BOX 935029
City: MARGATE FL Zip Code 33093

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: [signature] DATE: 6-2-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WISE, MARSHALL S.		NAME	
STREET ADDRESS	6300 W ATLANTIC BLVD		STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WISE, ANDREA FARR		NAME	
STREET ADDRESS	21710 LITTLE BEAR LN		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] 4-30-04 954-984-0422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #