2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004
Secretary of State

DOCUMENT# J56659

Entity Name: MARGATE MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

5800 COLONIAL DRIVE
SUITE 403
MARGATE, FL 33063 US

New Principal Place of Business:

5800 COLONIAL DRIVE
SUITE 403
MARGATE, FL 330635663 US

Current Mailing Address:

6550 NORTH FED. HWY, SUITE 522
FORT LAUDERDALE, FL 333081404 US

New Mailing Address:

C/O GRUBER AND ASSOCIATES, P.A.
6550 NORTH FEDERAL HIGHWAY, SUITE 522
FORT LAUDERDALE, FL 333081417 US

FEI Number: 59-2777047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAVITZ, JACK A.
5800 COLONIAL DRIVE
SUITE 403
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

KRAVITZ, JACK A
5800 COLONIAL DRIVE
SUITE 403
MARGATE, FL 330635663 US

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: JACK A. KRAVITZ 02/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTDS ( ) Delete
Name: KRAVITZ, JACK A.
Address: 5800 COLONIAL DR., SUITE 403
City-St-Zip: MARGATE, FL 33063

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KRAVITZ, JACK A
Address: 5800 COLONIAL DRIVE, SUITE 403
City-St-Zip: MARGATE, FL 330635663 US

Title: VD ( ) Change (X) Addition
Name: SHERMAN, GREGG A
Address: 5800 COLONIAL DRIVE, SUITE 403
City-St-Zip: MARGATE, FL 330635663 US

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: JACK A. KRAVITZ P 02/28/2004
Electronic Signature of Signing Officer or Director Date