2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J57084

FILED Feb 04, 2004 8:00 am Secretary of State 02-04-2004 90039 041 ***150.00

1. Entity Na	MACHERAN, M.D., INC.										
5500 VILLA SUITE 102	ace of Business AGE BLVD H, FL 3,3407 US	Mailing Address 5500 VILLAGE BLVD SUITE 102 W PALM BCH, FL 3340	5500 VILLAGE BLVD				54003160				
2. Principal 875 M	Place of Business ILITARY TRAIL	3. Mailing Address 875 MILITARY TRAIL									
#200-	202	#\$2'00°±2'0'2	#2001202			01212004	Chg-P	CR2E	034 (10/0:	3)	
JÛĎĨĨ	ËR, FL	City & State JUPITER, FI	City & State JUPITER, FL			4. FEI Numl 59-27			l	Applied For Not Applicable	
33458	Country JUSA	-33458	33458 - County			5. Certificat	e of Status Desired		\$8.75 A	dditional	
	6. Name and Address of Current F	legistered Agent		Alama		7. Name an	d Address of New	Registered	Agent		
	GENE F MD					AUFMAN, M.D.					
5500 VILL SUITE 10:	AGE BLVD		Street Address			(PPTBARYIMber in Not Acceptable)					
	BCH, FL 33407		#200			2			-		
				JUP]	TER			FL	Zio Go	458	
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or	registere	d agent, or bo	oth, in the State of F	lorida. I am f			
SIGNATURE	Signature Judical printed name of registered afters an	TWO	· Registered	Agent singatu	to motivad w	hen reinstating)		3 4/0 H	· 		
	E NOWI!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaig Trust Fund Contri	-	cing		00 May Be			,,,,		
10.	OFFICERS AND D		11.			ADDITIONS	CHANGES TO OF			RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LITT, JEFFREY M 5500 VILLAGE BLVD, ST E102 W PALM BCH, FL 33407	☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS	875	MILIT	FREY M ARY TRAI FL 3345	[L∷#20	$m{x}$ Change $0-202$	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANKO, GENE F 5500 VILLAGE BLVD, STE 103 W. PALM BEACH, FL	XX Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		***	ru ooqe		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KAUFMAN, MARC A 5500 VILLAGE BLVD, STE 102 W PALM BEACH, FL	E Delete	NAME STREET CITY-S	ADDRESS	875	MAN, MILIT	MARC A ARY TRAI	L #200	X) Change 0-202	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	DITLE NAME STREET CITY-S	ADDRESS IT-ZIP		- ,			Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET CHY-S	ADDRESS T- ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				(□ Change	Addition	
nxik:ateu	certify that the information supplied with the on this report or supplemental report is transportation or the receiver or trustee empower or on an attachment with an address, with the contraction of the contraction of the receiver or	ue anu accurate ano mat my	, sianan i	re chall hav	ia tha gar	no loggi ottoc	ag if made under	aath, that I am			