


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90019 012 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # K25595</b><br>1. Entity Name<br><b>RICHARD S. PHILLIPS, M.D., P.A.</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>% MT SINAI MED. CNTR., DIV. OF GI SVC<br/>4300 ALTON RD.<br/>MIAMI BCH. FL 33140</b>  |  |   | Mailing Address<br><b>% MT SINAI MED. CNTR., DIV. OF GI SVC<br/>4300 ALTON RD.<br/>MIAMI BCH. FL 33140</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |
| City & State  |  |   | City & State   |  |  |
| Zip   |  | Country   |  | Zip  |  |
| Country   |  | Country   |  | 4. FEI Number <b>65-0052632</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GOZLAN, MAURICE CPA<br/>6196 NW 11TH ST<br/>MIAMI FL 33133</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>   |  |   |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPT<br>PHILLIPS, RICHARD S.<br>4300 ALTON RD.<br>MIAMI BCH. FL | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |  |  |  |



MOORE CR2E034 (11/03)

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