2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90033 035 ***150.00

DOCUMENT # K55215

1. Entity Name

PAUL A. KURLANSKY, M.D., P.A.



Principal Place of Business

2755 N BAY RD

402-

33140, FL 33140 US

Mailing Address

2755 N BAY RD

MIAMI BEACH, FL 33140



94058211

DO NOT WRITE IN THIS SPACE

03112004	No Chg-P	CR2E034 (10/03)	

4. FEI Number			Applied For	
65-0086498			Not Applica	ble
5. Certificate of Status Desired		\$8.7	5 Additional	

6. Name and Address of Current Registered Agent

KURLANSKY, PAUL A., M.D. 2755 N BAY ROAD MIAMI BCH., FL 33140

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8. The above the objecti	named entity submits this statement for the pons of registered agent.	upose of changing its registered off	ice or registered agent, or both,	in the State of Florida. I am familiar wit	h, and accept		
SIGNATURE Signature, typed or photed name of registered agent and tiple if applicable. (NOTE: Registered Agent signature required when reinstating)							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	Chick Clark Carle				
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CITY-ST-ZIP	-	233					
12. I hereby	certify that the information supplied with this f	iling does not qualify for the exemption	on stated in Section 119.07(3)(i),	Florida Statutes. I further certify that the	e information		

s was also accordate and making signature sharmave me same legal effect as it made under oam; that I am an officer or director owered to execute this report as required by Chapter 607, Florida Statutes; and that myname appears in Block 10 or Block 11 if with all other like empowered.

SIGNATURE

LOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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