## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2004 8:00 am Secretary of State

	·				1	SECLEL	ary or Si	lait
DOCUMENT # L23497  1. Entity Name CARL A. SALVATI, M.D., P.A.			•				4 90021 022 ***1:	
Principal Place	e of Business							
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A. 1999 A. A.					İ			
SUITE 39	ALE FL 33309 US	FT LAUDERDALE, FL 33309 US			}			
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 65-0146		<del></del>	plied For t Applicable	
Zip	Country	Zip Cou		itry	<u> </u>	of Status Desired	S8.75 Add	
	6. Name and Address of Current	Registered Agent		T	7. Name and	Address of New F	legistered Agent	
j				Name 🕜	6 1	,		
SLINEY, TROMAS E. Carl Salvati								
% DII WOR	TH PAXSON KALISH KALIFF	Ştrget Address (	(P.O. Box Number is Not Acceptable)  E. Planer Blvd apt # 61					
% DILWORTH PAXSON KALISH KAUFFMAN & TYLAND 7000 W PALMETTORK RD 6TH FLOOR Street Address (F. 160 S. E. 160						r Blva	"apt # 611	
	TON, FL 33439	•			U		•	
				City R	0 1 (		Zip Code	9
				1 100Ca	Katon		<u> </u>	3a
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 obligat	ions of registered agent.							
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -								
SIGNATURE Signature: Typed or crimted name of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  7. Elèction Campaign Financing \$5:00 May Be  Trust Fund Contribution.   Added to Fees								
AILU: W								
10.	OFFICERS AND	DIRECTORS	11.	. ,	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE	P	☐ Delete	TITL	E			☐ Change	Addition
NAME	SALVATI, CARL A.			IE .				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 33309			'-ST-ZIP				
TITLE		☐ Delete	TITL	£			☐ Change	☐ Addition
NAME			NAM	IE I				
STREET ADDRESS			STRI	EET ADDRESS				
CITY-ST-ZIP			City	-ST-ZIP				
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NAME			NAM	t£				
STREET ADDRESS	İ		STR	EET ADDRESS				
CITY-ST-ZIP			CITY	'-SI-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	Addition
NAME			NAM				_ ,	_
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	i			'- ST- ZIP				
	t certify that the information supplied with	this filing does not qualify fo			action 119 07/31/	). Florida Statutes	I further certify that the in	nformation
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 convertion or the receiver or the responsibility of the convertion or the receiver of the trustee among appears in Block 10 or Block 11 if								
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 attack <del>ment with an address, with all other like empowered.</del>								

Carl Salvati