2004 FOR PROFIT CORPORATION

Jan 23, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L96351 1. Entity Name ANDREW H. KRINSKY, M.D., P.A. Principal Place of Business Mailing Address 7401 N. UNIVERSITY DR 7401 N. UNIVERSITY DR STE 203 FORT LAUDERDALE, FL 33321 FORT LAUDERDALE, FL 33321 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0212384 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRINSKY, M.D., ANDREW DO NOT WRITE 7401 N. UNIVERSITY DR 203 FORT LAUDERDALE, FL 33321 IN THIS SPACE 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 SIGNATURE. (NOTE, Registered Agent signature required when reinstating) distance agent and title if applicable 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. DP TITLE KRINSKY, ANDREW H. NAME STREET ADDRESS 7401 N. UNIVERSITY DR 203 FORT LAUDERDALE, FL 33321 CITY-ST-ZIP 1100000012119 ST TITLE J1/23/04-60066-010 150.00 KRINSKY, ANDREW H. NAME STREET ADDRESS 7401 N. UNIVERSITY 203 CITY-ST-ZIP FORT LAUDERDALE, FL 33321 TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 of the corporation or the recei changed, or on an attachmen dress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

OR SANTED NAME OF SIGNING OFFICER OR DIRECTOR

954-722-24*0*7

FILED

Davime Phone #