

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M19903

FILED
Mar 30, 2004
Secretary of State

Entity Name: DR. ROBERT J. GULINER CHARTERED PROFESSIONAL ASSSSOCIATION

Current Principal Place of Business:

17971 BISCAYNE BLVD
110
AVENTURA, FL 331602531 US

New Principal Place of Business:

PO BOX 601852
NORTH MIAMI BEACH, FL 331601852 US

Current Mailing Address:

P O BOX 601852
NORTH MIAMI BEACH, FL 331601852 US

New Mailing Address:

FEI Number: 59-2568778 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GULINER, ROBERT J.
17971 BISCAYNE BLVD
#110
AVENTURA, FL 331602531

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GULINER, ROBERT J
Address: 17971 BISCAYNE BLVD STE 110
City-St-Zip: NORTH MIAMI BEACH, FL 331602531

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GULINER

PD

03/30/2004

Electronic Signature of Signing Officer or Director

Date