


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M21182
 1. Entity Name
 RONALD D. SMITH, M.D. & EDUARDO WEISS, M.D., P.A.



Principal Place of Business Mailing Address
 3850 HOLLYWOOD BLVD. 3850 HOLLYWOOD BLVD.
 #301 #301
 HOLLYWOOD, FL 33021 US HOLLYWOOD, FL 33021 US

DO NOT WRITE IN THIS SPACE



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2582062 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SMITH, RONALD D M
 3850 HOLLYWOOD BLDV
 301
 HOLLYWOOD, FL 33021

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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 _____
Signature, typed or printed name of registered agent and title 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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	FLORES, FRANCISCO MD
STREET ADDRESS	2463 CENTER GATE DRIVE - APT. #104
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	P
NAME	WEISS, EDUARDO MD
STREET ADDRESS	1627 DIPLOMAT DRIVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000074762
 03/03/04-80034-001 150.00

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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

SIGNATURE: ✓ Francisco Flores, M.D. Date: 2/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #