


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90036 019 \*\*\*150.00

<b>DOCUMENT # M32546</b>		
1. Entity Name MELVYN G. DRUCKER, M.D., P.A.		

Principal Place of Business 400 NORTH PINE ISLAND ROAD SUITE 300 PLANTATION, FL 33324 US	Mailing Address C/O LUNDY & SHACTER, P.A. 9655 W BROWARD BLVD PLANTATION, FL 33324
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**54034682**

2. Principal Place of Business 20610 E DIXIE HWY Suite, Apt. #, etc. 330	3. Mailing Address 400 N PINE ISLAND RD Suite, Apt. #, etc. 300
City & State AVENTURA, FL	City & State PLANTATION, FL
Zip 33180	Country USA
Zip 33324	Country USA



04102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  DRUCKER, DR. MELVYN G. 9655 W. BROWARD BLVD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name MELVYN G DRUCKER Street Address (P.O. Box Number is Not Acceptable)  400 N PINE ISLAND RD #300 City PLANTATION FL Zip Code 33324	
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKER, MELVYN G. 9655 WEST BROWARD BLVD. PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUCKER, MELVYN G 400 N PINE ISLAND RD, #300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/ 4-13-04