


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39054</b> 1. Entity Name <b>PALM MEDICAL GROUP, INC.</b>	
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<b>Principal Place of Business</b> 2900 GLADES CIRCLE SUITE 520 WESTON, FL 33332 US	<b>Mailing Address</b> 2900 GLADES CIRCLE SUITE 520 WESTON, FL 33332 US
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0305028	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GRAUBERT, ALAN S MD 2900 GLADES CIRCLE SUITE 520 WESTON, FL 33332
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	U00000064518 02/24/04-80015-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB ROSENKRANTZ, CARL M 5352 LINTON BLVD. DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD GRAUBERT, ALAN 2850 OAKMONT WESTON, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHNEIDER, ALAN A 5601 NORTH DIXIE HWY. FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, MITCHELL E 9910 SANDLEFOOT BLVD., #1 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTZEN, STEPHEN 16800 NW 2 AVE., #202 N. MIAMI BEACH, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBERT, ALAN M 9526 NE 2ND AVENUE MIAMI, FL 33138

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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)(f), 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 617, 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.

<b>SIGNATURE:</b>  <b>ALAN S. GRAUBERT MD</b>	Date <b>2/3/2004</b>	Daytime Phone # <b>954-384-7179</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		