

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033502

**FILED**  
**Apr 24, 2004**  
**Secretary of State**

**Entity Name:** DAVID GUZMAN, MD, PA

**Current Principal Place of Business:**

11190 REDHAWK STREET  
PLANTATION, FL 33324

**New Principal Place of Business:**

566 SE 15TH AVENUE  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

11190 REDHAWK STREET  
PLANTATION, FL 33324

**New Mailing Address:**

4744 NW 96 DRIVE  
CORAL SPRINGS, FL 33076

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUZMAN, DAVID MD  
11190 REDHAWK STREET  
PLANTATION, FL 33324

**Name and Address of New Registered Agent:**

GUZMAN, DAVID MD  
4744 NW 96 DRIVE  
CORAL SPRINGS, FL 33076

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: \_\_\_\_\_ 04/24/2004  
Electronic Signature of Registered Agent                      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            GUZMAN, DAVID MD  
Address:        11190 REDHAWK STREET  
City-St-Zip:    PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DR            (X) Change ( ) Addition  
Name:            GUZMAN, DAVID MD  
Address:        4744 NW 96 DRIVE  
City-St-Zip:    CORAL SPRINGS, FL 33076

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: DAVID GUZMAN                      DR                      04/24/2004  
Electronic Signature of Signing Officer or Director                      Date