

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056656

FILED
Apr 19, 2004
Secretary of State

Entity Name: MICHELLE F. BAUER, M.D., P.A.

Current Principal Place of Business:

4302 ALTON ROAD
#660 (NSOP BLDG.)
MIAMI BEACH, FL 33140

Current Mailing Address:

4302 ALTON ROAD
#660 (NSOP BLDG.)
MIAMI BEACH, FL 33140

New Principal Place of Business:

407 ALTON ROAD
#6L
MIAMI BEACH, FL 33139

New Mailing Address:

4531 NORTH BAY ROAD
MIAMI BEACH, FL 33140

FEI Number: 65-1016069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, MICHELLE
4302 ALTON ROAD
SUITE 660
MIAMI BEACH, FL 33140

Name and Address of New Registered Agent:

BAUER, MICHELLE
407 LINCOLN ROAD
SUITE 6 L
MIAMI BEACH, FL 33139

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:

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAUER, MICHELLE
Address: 4300ALTON RD #622
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAUER, MICHELLE
Address: 407 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

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: MICHELLE BAUER

MD

04/19/2004

Electronic Signature of Signing Officer or Director

Date