

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90006 023 ***150.00

DOCUMENT # P00000057860					
1. Entity Name RICHARD A. ELIAS, M.D., P.A.					
Principal Place of Business 4701 N. MERIDIAN AVENUE SUITE 7460 MIAMI BEACH, FL 33140			Mailing Address 4701 N. MERIDIAN AVENUE SUITE 7460 MIAMI BEACH, FL 33140		
2. Principal Place of Business 3801 BISCAYNE BLVD		3. Mailing Address 3801 BISCAYNE BLVD.			
Suite, Apt. #, etc. 3RD FLOOR		Suite, Apt. #, etc. 3RD FLOOR			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33137		Zip 33137			
Country U S A		Country U S A		05202005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-1029248				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUBIT, DONALD E ESQ. 800 BRICKELL AVE., #201 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, RICHARD A M.D. 4701 N. MERIDIAN AVENUE SUITE 7460 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3801 BISCAYNE BLVD, 3RD FL MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u>Richard A. Elias, MD</u> Date: <u>5-30-05</u> Daytime Phone #: <u>305 673 0601</u>					