

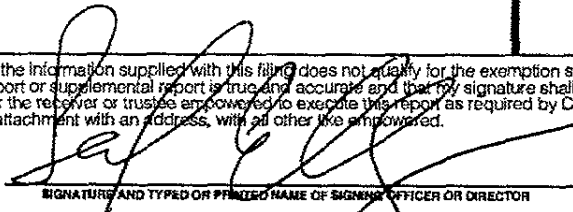


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000020657</b>			
1. Entity Name SIEF ELBUALY, M.D., P.A.			
Principal Place of Business 40 NE 2ND AVE DEERFIELD BEACH, FL 33441		Mailing Address 40 NE 2ND AVE DEERFIELD BEACH, FL 33441	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		03232004 No Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ELBUALY, SEIF 40 NE 2ND AVE DEERFIELD BEACH, FL 33441		<b>DO NOT WRITE IN THIS SPACE</b>	
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 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELBUALY, SEIF 40 NE 2ND AVE DEERFIELD BEACH, FL 33441	<b>DO NOT WRITE IN THIS SPACE</b>	
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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)(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: 		3/22/04 854 782 3434	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	