

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90043 045 ***150.00

DOCUMENT # P01000031880

1. Entity Name
JOSEPH WIRTH, P.A.



44006733

Principal Place of Business
**8320 W SUNRISE BLVD SUITE 200
FORT LAUDERDALE, FL 33322**

Mailing Address
**8320 W SUNRISE BLVD SUITE 200
FORT LAUDERDALE, FL 33322**

2. Principal Place of Business
10179 W. SUNRISE BLVD.

3. Mailing Address
10179 W. SUNRISE BLVD.

City & State
PLANTATION, FL

City & State
PLANTATION, FL

Zip
33322

Country
USA

Zip
33322

Country
USA

01272004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1085505

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WIRTH, JOSEPH
C/O MENDIGUREN, SPRING & ASSOCIATES, P.A.
8320 S SUNRISE BLVD
PLANTATION, FL 33322**

7. Name and Address of New Registered Agent
Name
WIRTH, JOSEPH
Street Address (P.O. Box Number is not acceptable)
10179 W SUNRISE BLVD.
City
PLANTATION FL Zip Code
33322

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 **Joseph Wirth MD** DATE **1/29/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WIRTH, JOSEPH 8320 W SUNRISE BLVD SUITE 200 PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WIRTH, JOSEPH 10179 W. SUNRISE BLVD. PLANTATION, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: **Joseph Wirth MD** DATE **1/29/04** (954) 473-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR