

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114329

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** SHLOMO PASCAL, M.D., P.A.

**Current Principal Place of Business:**

2400 UNIVERSITY DRIVE, SUITE 209  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

2400 N. UNIVERSITY DRIVE, SUITE 209  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

2400 UNIVERSITY DRIVE, SUITE 209  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

2400 N. UNIVERSITY DRIVE, SUITE 209  
PEMBROKE PINES, FL 33024

FEI Number: 65-1154043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASCAL, SHLOMO  
18335 N W 12TH STREET  
PEMBROKE PINES, FL 33029 US

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

PASCAL, SHLOMO MD  
10658 S.W. 7 STREET  
PEMBROKE PINES, FL 33025 US

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: SHLOMO PASCAL, MD

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PASCAL, SHLOMO  
Address: 2400 UNIVERSITY DR. #209  
City-St-Zip: PEMBROKE PINE, FL 33024

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

Title: DR (X) Change ( ) Addition  
Name: PASCAL, SHLOMO MD  
Address: 2400 UNIVERSITY DR. #209  
City-St-Zip: PEMBROKE PINE, FL 33024

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: SHLOMO PASCAL

DR.

04/30/2004

Electronic Signature of Signing Officer or Director

Date