


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000000416	
1. Entity Name RONALD STRICOFF, M.D., P.A.	

Principal Place of Business 7806 N.W. 128TH AVENUE PARKLAND, FL 33076	Mailing Address 7806 N.W. 128TH AVENUE PARKLAND, FL 33076
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**DO NOT WRITE IN THIS SPACE**



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0378667	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  FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRICOFF, RONALD MD 7806 N.W. 128TH AVENUE PARKLAND, FL 33076
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08/02/04-80008-001 150.00

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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:  7/29/04 954-786-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_