2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019541

Entity Name: SAMER ELHAKIM, M. D., P. A.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 480730 3246 N. ANDREWS AVE. FORT LAUDERDALE, FL 33348 OAKLAND PARK, FL 33309

Current Mailing Address: New Mailing Address:

P.O. BOX 480730 P.O. BOX 610550 FORT LAUDERDALE, FL 33348 P.O. BOX 610550 MIAMI, FL 33261

FEI Number: 41-2033349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SAMER, ELHAKIM
P.O. BOX 480730
FORT LAUDERDALE, FL 33348
US
SAMER, ELHAKIM
P.O. BOX 610550
MIAMI, FL 33261
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: 01/13/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ELHAKIM, SAMER M. D.
 Name:
 ELHAKIM, SAMER M. D.

 Address:
 P.O. BOX 480730
 Address:
 P.O. BOX 610550

 City-St-Zip:
 FORT LAUDERDALE, FL 33348
 City-St-Zip:
 MIAMI, FL 33261

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: SAMER ELHAKIM PD 01/13/2005