


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90014 027 ***150.00

DOCUMENT # P02000023039 1. Entity Name ERICA KLEINSTEIN, M.D., P.A.																									
Principal Place of Business 5800 COLONIAL DR. 204 MARGATE, FL 33063			Mailing Address 5800 COLONIAL DR. 204 MARGATE, FL 33063																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country		Zip																					
Country		Country		4. FEI Number 71-0871483																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																					
6. Name and Address of Current Registered Agent KLEINSTEIN, ERICA M.D. 11310 HERON BAY BLVD., #2222 CORAL SPRINGS, FL 33076				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5800 COLONIAL DRIVE SUITE 204 City MARGATE FL 33063																					
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KLEINSTEIN, ERICA M.D.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11310 HERON BAY BLVD., #2222</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33076</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	KLEINSTEIN, ERICA M.D.		STREET ADDRESS	11310 HERON BAY BLVD., #2222		CITY-ST-ZIP	CORAL SPRINGS, FL 33076		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5800 COLONIAL DRIVE STE 204</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MARGATE, FL 33063</td> </tr> </table>			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	5800 COLONIAL DRIVE STE 204	CITY-ST-ZIP	MARGATE, FL 33063
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SIGNATURE: Erica Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERICA KLEINSTEIN

Date

1/20/04

Daytime Phone #

954-974-5260