2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2004 8:00 am Secretary of State DOCUMENT # P02000023039 01-26-2004 90014 027 ***150.00 ERICA KLEINSTEIN, M.D., P.A. nger dan s Mailing Address Principal Place of Business 5800 COLONIAL DR. 5800 COLONIAL DR. 204 ... MARGATE, FL 33063 MARGATE, FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 01092004 Cha-P CR2E034 (10/03) City & State Applied For City & State 4, FEI Number 71-0871483 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KLEINSTEIN, ERICA M.D. Street Address (P.O. Box Number is Not Acceptable) 11310 HERON BAY BLVD., #2222 COLONIAL DAIVE CORAL SPRINGS, FL 33076 City MANGATE 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. OATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 4. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE 🗶 Change KLEINSTEIN, ERICA M.D. NAME NAME 204 STREET ADDRESS 11310 HERON BAY BLVD., #2222 STREET ADDRESS 33063 CHY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Dølete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1-ZIP 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.

FILED

252-418-426