## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 13, 2004 8:00 am Secretary of State **DOCUMENT # P02000035355** 1. Entity Name 07-13-2004 90001 011 \*\*\*150.00 JOHNATHAN C. GREENFIELD, M.D., P.A. Principal Place of Business Mailing Address 9083 RUTLEDGE AVE 20423 STATE RD NO 7 **- วิ**4062030 **BOCA RATON, FL 33434** BOCA RATON, FL 33498 2. Principal Place of Business Mailing Address State Rd. 7 10423 Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) Suite Applied For 4. FEI Number 32-0008416 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENFIELD, JONATHAN 9083 RUTLEDGE AVE BOCA RATON, FL 33434 Beach 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE ☐ Delete GREENFIELD, JOHNATHAN C MD NAME NAME STREET ADDRESS 9083 RUTLEDGE AVE STREET ADDRESS BOCA RATON, FL 33434 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --- Change --- - Addition Delete \_\_\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 fike empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED