## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 05, 2004 08:00 AM Secretary of State **DOCUMENT # P02000070761** 1. Entity Name ROBIN G. SIMON D.O., P.A. Principal Place of Business Mailing Address 20295 NE 29TH PLACE 20295 NE 29TH PLACE 300 AVENTURA, FL 33180 MIAMI, FL 33180 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0728974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMON, ROBIN G DO NOT WRITE 20295 NE 29TH PL #300 AVENTURA, FL 33180 IN THIS SPACE 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 agont and title # applicable. (NOTE: Registered Agent signature required when rejustating) U000000077102 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/05/04-80028-020 158.75 10. OFFICERS AND DIRECTORS TITLE SIMON, ROBIN G 20295 NE 29TH PL #300 STREET ADDRESS CATY-ST-ZEP AVENTURA, FL 33180 1331.£ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZP **LITTE** IN THIS SPACE MALIF STREET ADDRESS CITY-ST-732 THE MANE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 tiplet 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 fusion supplemental report is true and execute this ploon 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 the filling true of like empowered.

SIGNATURE:

CRY-ST-7P

NAME STREET ADDRESS

3054662422

Caytime Phone #