


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90003 021 ***150.00

DOCUMENT # P02000108228 1. Entity Name MIRAMAR EAST PEDIATRICS, PA																													
Principal Place of Business 6969 MIRAMAR PARKWAY 3 MIRAMAR, FL 33023			Mailing Address 6969 MIRAMAR PARKWAY 3 MIRAMAR, FL 33023																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 14-1849982			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent JOSEPH, RUFUS MD 6969 MIRAMAR PARKWAY 3 MIRAMAR, FL 33023			7. Name and Address of New Registered Agent Name Miramar East Pediatrics PA Street Address (P.O. Box Number is Not Acceptable) 6969 Miramar Parkway Ste 4 City Miramar FL Zip Code 33023																										
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 <i>Rufus Joseph</i> Rufus Joseph DATE 1-13-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>																													
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:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOSEPH, RUFUS MD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4911 SW 205 AVENUE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>FORT LAUDERDALE, FL 33332</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	JOSEPH, RUFUS MD		STREET ADDRESS	4911 SW 205 AVENUE		CITY-STATE-ZIP	FORT LAUDERDALE, FL 33332		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:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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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.																													
SIGNATURE: <i>Rufus Joseph</i> Rufus Joseph DATE 1-13-04 DAYTIME PHONE # 954962-1422 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													