## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000030986

City-St-Zip:

Entity Name: GARY KREITMAN, M.D., P.A.

FILED Jan 15, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9150 S.W. 87TH AVENUE SUITE 100 MIAMI, FL 331762311 **New Mailing Address: Current Mailing Address:** 9150 S.W. 87TH AVENUE SUITE 100 MIAMI, FL 331762311 FEI Number: 59-1596342 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KREITMAN, GARY 9150 S.W. 87TH AVENUE SUITE 100 MIAMI, FL 331762311 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KREITMAN, GARY Name: Name: 9150 S.W. 87TH AVENUE, SUITE 100 Address: Address: City-St-Zip: MIAMI, FL 331762311 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: KREITMAN, MADELEINE 7226 SW 146 STREET CIRCLE Address: Address: MIAMI, FL 33158 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete SEC MADELEINE, KREITMAN Name: Name: 7226 SW 146 STREET CIRCLE Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33158 Title: () Delete Title: ( ) Change (X) Addition KREITMAN, GARY Name: Name: Address: Address: 9150 SW 87 AVE, SUITE 100

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MIAMI, FL 33176

SIGNATURE: GARY KREITMAN P 01/15/2004