2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2004 8:00 am Secretary of State

DOCUMENT # P03000041842 1. Entity Name FREDERICK N. WITTLIN, M.D., P.A.							01-12-2004 90024 008 ***150.00	
District Disease Designer								
Principal Place of Business Mailing Address							- -	
3881 N. 44T		3881 N. 44TH AVE.						
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021								
						ļ	1 1980 PER IN 1818 BUT	
2. Principal P	lace of Busin	ness	3. Mailing Address	Mailing Address				
							T CHANNERU AN ARKEN TAN ARKIN KENN HERAN DRIAN DIANA TARAH RANJE KINGERU IT (BAT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082004 Chg-P CR2E034 (10/03)	
City & State			City & State				4. FEI Number Applied For O - 1447618 Not Applicable	
Zip		Country	Zip	Cour	itry		5. Certificate of Status Desired Security Securi	
6. Name and Address of Current			egistered Agent				7. Name and Address of New Registered Agent 🦟 💆	
					Name			
COEL, MARK A ESQ. 621 NW 53RD ST					Street Address (P.O. Box Number is Not Acceptable)			
SUITE 420 BOCA RATON, FL 33487-0000								
					City FL Zip Code			
8 The above	named entit	v submite this statement for	the number of changing its	register	ed office or v			
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								
	Crip and C, types	or printed that or regional edging	(101)				January)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE			☐ Delete	TITL	E P	PRE	StdenT Change Addition	
NAME				NAM		FRI	EDERICK N. WITTIN, M.D.	
STREET ADDRESS				- 1	,		sin, 44 Avenue	
CITY-ST-ZIP				СПА	-ST-ZIP		14woon, FL 33021	
TULE			☐ Delete	TITL		Sec	RETARY Change Addition	
NAME .				NAW			DERICK N. WITTI'N, M.D.	
STREET ADDRESS							1 N. 44 Arenve	
CITY-ST-ZIP				CITY	-ST-ZIP		14 WOUD, FL 3304	
TITLE			Delete	ÍΠL			EASURER Change Addition	
NAME OTOTEX ADDRESS				NAM	E [FRE	nerick N. Witthin, M.D.	
STREET ADDRESS City-St-Zip			* ***	- 1	ET ADDRESS - ST-ZIP	388	11 N. 44 Avenue -	
						Hall-	7WUUD, FL 33021	
TITLE Name		-	Delete	TITE.	- 1		☐ Change ☐ Addition	
STREET ADDRESS					EET ADDRESS			
CITY-ST-ZIP					-ST-ZIP			
TITLE		 	☐ Delete	TITL			Channe C Addition	
NAME			€⊒ Delide	NAN	Į		Charge Addition	
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP					-5T-ZIP			
TITLE			☐ Delete	TITL	_ +		☐ Change ☐ Addition	
NAME				NAM			T MARKETT	
STREET ADDRESS				STR	ET ADDRESS		i	
CITY-ST-ZIP				CITY	-ST-ZIP			
12. I hereby o	certify that th	e information supplied with	this filing does not qualify for	the exe	mption states	d in Se	ection 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.								