
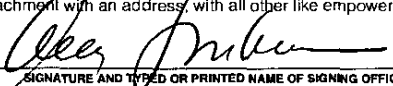


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90002 045 \*\*\*150.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # P03000048129</b><br>1. Entity Name<br><b>A. FISHMAN, M.D., P.A.</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>CEDARS MEDICAL CENTER, EAST BUILDING<br/>1400 N.W. 12TH AVENUE<br/>MIAMI, FL 33136-1003</b>   |   |  | Mailing Address<br><b>CEDARS MEDICAL CENTER, EAST BUILDING<br/>1400 N.W. 12TH AVENUE<br/>MIAMI, FL 33136-1003</b> |   |  |
| 2. Principal Place of Business  |   |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |   |  |
| City & State  |   |  | City & State  |   |  |
| Zip   |   | Country  |   | Zip   |  |
|   |   |  |   | Country   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PLOUCHA, L.M. ESQ.<br/>% ATKINSON, DINER, STONE MANKUTA &amp; PLOUCHA<br/>1946 TYLER STREET<br/>HOLLYWOOD, FL 33020-4517</b>  |   |  |   | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <b>FISHMAN, ALLAN</b><br><b>1400 N.W. 12TH AVENUE CEDARS MEDICAL CTR.</b><br><b>MIAMI, FL 331361003</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |  |   |   |  |
| <b>SIGNATURE:</b>    |   |  | 1/9/04 (305) 325-5910   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  | <small>Date Daytime Phone #</small>   |   |  |



Attachment

94002002

**Not-For-Profit Corporation Annual Report  
The Florida State University Foundation, Inc.  
List of Officers/Directors - 2004**

# 700 348

CT

LYNDA KEEVER  
2945 LA CONCHA DRIVE  
CLEARWATER, FL 346222231

CET

WILLIAM G. SMITH  
P.O. BOX 11248  
TALLAHASSEE, FL 32302

P

J. JEFFREY ROBISON  
225 UNIVERSITY CENTER, SUITE C3100  
TALLAHASSEE, FL 323062660

T

JOHN R. CARNAGHI  
ROOM 214 WESTCOTT  
TALLAHASSEE, FL 323061320

AT

TOM HAWKINS  
225 UNIVERSITY CENTER, SUITE C3100  
TALLAHASSEE, FL 323062660

ST

MARK HILLIS  
1483 SAINT CHARLES PLACE  
TALLAHASSEE, FL 32308

AS

JUDI SPANN  
225 UNIVERSITY CENTER, SUITE C3100  
TALLAHASSEE, FL 323062660