
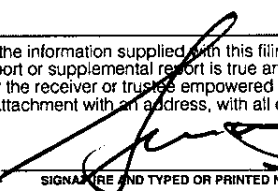


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90015 004 \*\*\*150.00

<b>DOCUMENT # P03000101697</b>			
1. Entity Name <b>WEISS MEDICAL, INC.</b>		<b>N/C</b>	
Principal Place of Business <b>450 N. PARK ROAD SUITE 200 HOLLYWOOD, FL 33021</b>		Mailing Address <b>450 N. PARK ROAD SUITE 200 HOLLYWOOD, FL 33021</b>	
2. Principal Place of Business <b>4100 Hollywood Blvd</b> Suite, Apt. #, etc. <b>2nd Floor</b> City & State <b>Hollywood, FL</b> Zip <b>33021</b> Country <b>Broward</b>		3. Mailing Address <b>4100 Hollywood Blvd</b> Suite, Apt. #, etc. <b>2nd Floor</b> City & State <b>Hollywood, FL</b> Zip <b>33021</b> Country <b>Broward</b>	
6. Name and Address of Current Registered Agent <b>WASSERSTROM, ELLEN 100 W. CYPRESS CREEK ROAD SUITE 700 FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEISS, SIMON 450 N. PARK ROAD #200 HOLLYWOOD, FL 33021</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: 		8-11-04 954 518-4100	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

44051998



07232004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0242223**

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required