

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102893

FILED
Jan 05, 2004
Secretary of State

Entity Name: EZRA EL-KAYAM, M.D., P.A.

Current Principal Place of Business:

6574 N. STATE ROAD 7
SUITE 115
COCONUT CREEK, FL 330733617

New Principal Place of Business:

6574 N. STATE ROAD 7
SUITE 115
COCONUT CREEK, FL 330733617 US

Current Mailing Address:

6574 N. STATE ROAD 7
SUITE 115
COCONUT CREEK, FL 330733617

New Mailing Address:

1984 S.E. 16 STREET
POMPAN0 BEACH, FL 330627606 US

FEI Number: 20-0236426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EL-KAYAM, EZRA M.D.
6574 N. STATE ROAD 7
SUITE 115
COCONUT CREEK, FL 330733617 US

Name and Address of New Registered Agent:

ELKAYAM, EZRA M.D.
1984 S.E. STREET
POMPAN0 BEACH, FL 330627606 US

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: EZRA S. ELKAYAM, MD

01/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EL-KAYAM, EZRA M.D.
Address: 6574 N. STATE ROAD 7, SUITE 115
City-St-Zip: COCONUT CREEK, FL 330733617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ELKAYAM, EZRA S M.D.
Address: 6574 N. STATE ROAD 7, SUITE 115
City-St-Zip: COCONUT CREEK, FL 330733617

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.

SIGNATURE: EZRA S. ELKAYAM

DR.

01/05/2004

Electronic Signature of Signing Officer or Director

Date