


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P93000043752</b>                              |  |
| 1. Entity Name<br><b>SOUTH FLORIDA MEDICAL RESEARCH CO.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>21150 BISCAYNE BLVD., SUITE 300<br/>AVENTURA, FL 33180 US</b> | Mailing Address<br><b>21150 BISCAYNE BLVD., SUITE 300<br/>AVENTURA, FL 33180 US</b> |
|---|---|



07012004 No Chg-P CR2E034 (10/03)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0427988</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>AZ REGISTERED AGENT CORPORATION<br/>2601 S. BAYSHORE DRIVE., SUITE 1600<br/>MIAMI, FL 33133</b> |
|---|

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** 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                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>GITTELMAN, MARC M.D.<br/>21150 BISCAYNE BLVD., SUITE 300<br/>AVENTURA, FL 33180</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>WINTON, LAWRENCE M.D.<br/>21150 BISCAYNE BLVD., SUITE 300<br/>AVENTURA, FL 33180</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**  **Marc Gitelman MD** **7/13/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #