



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P93000043752 1. Entity Name SOUTH FLORIDA MEDICAL RESEARCH CO. |  |
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|---|---|
| Principal Place of Business 21150 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33180 US | Mailing Address 21150 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33180 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**AZ REGISTERED AGENT CORPORATION
2601 S. BAYSHORE DRIVE., SUITE 1600
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 restating)
Signature, typed or printed name of registered agent and title if applicable DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

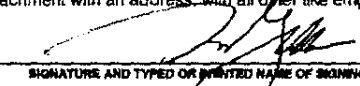
10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GITTELMAN, MARC M.D. 21150 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINTON, LAWRENCE M.D. 21150 BISCAYNE BLVD., SUITE 300 AVENTURA, FL 33180 |
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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)(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:  **505 305-931-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #