

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000026564

FILED
Jul 16, 2004
Secretary of State

Entity Name: FLOYD E. SESKIN, M.D., P.A.

Current Principal Place of Business:

2999 NE 191 STREET
SUITE 310
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

1921 NE 188TH STREET
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

FEI Number: 65-0478330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SESKIN, FLOYD
1921 NE 188TH ST
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SESKIN, FLOYD
Address: 2999 NE 191ST #310
City-St-Zip: AVENTURA, FL

Title: V () Delete
Name: SESKIN, JACCI
Address: 2999 NE 191ST #310
City-St-Zip: AVENTURA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FLOYD E. SESKIN, MD

P

07/16/2004

Electronic Signature of Signing Officer or Director

Date