2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State
05-24-2004 90006 047 ***150.00

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03122003 Chg-P CR2E034 (10/03)

DOCUMENT # P94000052220

1. Entity Name
DAVID N. BRANCATI & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
10481 NW 18TH PL PLANTATION, FL 33322 US	10481 NW 18TH PL PLANTATION, FL 33322 US

2. Principal Place of Business	3. Mailing Address
12922 NW 22 Manor	12922 NW 22 Manor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33028 Country: Broward	Zip: 33028 Country: Broward

4. FEI Number: 65-0508173 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN ESQ
20801 BISCAYNE BLVD
SUITE 501
NORTH MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 X ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS RUSZCZYK, O.D. 10481 NW 18TH PL PLANTATION, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Ruszczyk, O.D. 12922 NW 22 Manor Pembroke Pines, FL 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BRANCATI, O.D. 10481 NW 18TH PL PLANTATION, FL 33322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Brancati, O.D. 12922 NW 22 Manor Pembroke Pines, FL 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: D. B. as David Brancati, OD 5/20/04 954 435 7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #