


FILED
Jul 28, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000068365 1. Entry Name JEFFREY SKLAR, M.D., P.A.	
---	---

Principal Place of Business 2650 SOUTH MCCALL RD ENGLEWOOD, FL 34224 US	Mailing Address 2650 SOUTH MCCALL ENGLEWOOD, FL 34224 US
---	--

DO NOT WRITE IN THIS SPACE



07192004 No Chg-P CR(2L034 (10/03))

4. FEI Number 65-0520776	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent SKLAR, JEFFREY 2650 SOUTH MCCALL RD ENGLEWOOD, FL 34224	DO NOT WRITE IN THIS SPACE
--	-----------------------------------

9. The filer hereby certifies that the information furnished for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and correct, and that the filer understands the obligations of registered agent.

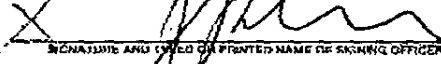
SIGNATURE: _____
Signature, by hand or facsimile, of registered agent and name of applicant. (NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000168808 07/28/04-80003-004 550.00
---	---	---

10. OFFICERS AND DIRECTORS	
10.1 NAME STREET ADDRESS CITY-STATE-ZIP	SKLAR, JEFFREY 2650 S MCCALL RD ENGLEWOOD, FL
10.2 NAME STREET ADDRESS CITY-STATE-ZIP	
10.3 NAME STREET ADDRESS CITY-STATE-ZIP	
10.4 NAME STREET ADDRESS CITY-STATE-ZIP	
10.5 NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information furnished on this report of incorporation or report of change of name and address 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 in liquidation of the corporation 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, and all other like employment.

SIGNATURE:  7/26/04
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR