

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

PS 128

DOCUMENT # P95000038395						FILED 04 OCT -8 AM 11:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.							
Principal Place of Business 5700 LAKE WORTH ROAD SUITE #204 LAKE WORTH, FL 33463 US				Mailing Address 5700 LAKE WORTH RD 204 LAKE WORTH, FL 33463 US			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
5. Name and Address of Current Registered Agent PIASECKI, PHILIP M 5700 LAKE WORTH ROAD STE 204 LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 200041816482 10/12/04--01041--008 **70.00 </div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD KRASNER, STEPHEN 5401 S CONGRESS AVENUE #102 ATLANTIS, FL 33462 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Krasner, Stephen E., M.D. 5401 S. Congress Ave., Ste 102 Atlantis, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LYSAKER, EARL 5503 S CONGRESS AVENUE SUITE #205 ATLANTIS, FL 33462 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lysaker, Earl J., M.D. 5503 S. Congress Ave., Ste. 205 Atlantis, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TOME, ROBERT 1490 FOREST HILL BLVD WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Levin, Robert, M.D. 1640 South Congress Avenue #103 Palm Springs, FL 33461 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASLANIAN, GREGORY 8188 JOG ROAD SUITE 204 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aslanian, Gregory, M.D. 8188 Jog Road, Suite 204 Boynton Beach, FL 33437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Simons, William 5401 S. Congress Ave., #218 Atlantis, FL 33462 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Simons, William, M.D. 5401 S. Congress Ave., Ste. 218 Atlantis, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LUDWIG, WILLIAM MD 5401 S CONGRESS AVE STE 204 ATLANTIS, FL 33462 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Ludwig, P. William, M.D. 5401 S. Congress Ave., Ste. 204 Atlantis, FL 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							



MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

October 7, 2004

Tina Roberts
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Medical Specialists of the Palm Beaches, Inc.
Ref#: P95000038395

Dear Ms. Roberts:

As you requested in your correspondence dated October 1, 2004, we have made the following change to the Amended Annual Report:

The street address of each office/director listed on the report has been added to the document.

Please note that the signature on the report is an original signature.

If you have any questions, please call my office at 561-968-7968 extension 101. Thank you for your attention.

Sincerely,

Philip Piasecki, CEO

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MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

Document #P95000038395

Supplement to 2004 For Profit Corporation Amended Annual Report

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Tomé, Robert E., M.D. 1490 Forest Hill Boulevard West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Rubin, Robert, M.D. 1490 Forest Hill Boulevard West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Khanal, Bhogendra N., M.D. 1490 Forest Hill Boulevard West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP/D Cowen, Peter, M.D. 5401 South Congress Avenue, Ste. 201 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Behrens, Jeffrey, M.D. 120 JFK Drive, Ste. 120 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Braver, Robin, M.D. 1640 South Congress Avenue, Ste. 103 Palm Springs, FL 33461	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Cane, Edward M., M.D. 5503 S. Congress Ave., Ste. 205 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Davidson, Edmund F., M.D. 3918 Via Poinciana, Ste. 8 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Davis, William, M.D. 8188 Jog Road, Ste. 204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Dosdos, Alfredo R., M.D. 5401 South Congress Avenue, Ste. 201 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Goodman, Jeffrey, D.O. 3047 Forest Hill Boulevard, Ste. 42 West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Levine, Felice, M.D. 5503 South Congress Avenue, Ste. 205 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

19 345

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Lira, Carlos, M.D. 3144 South Congress Avenue Lake Worth, FL 33461	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Manchon, Kenneth L., M.D. 5401 South Congress Avenue, Ste. 201 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Shinder, Stacy Pollak, M.D. 8188 Jog Road, Ste. 204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Schlein, Andrew, M.D. 8188 Jog Road, Ste. 204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Speizman, David, D.O. 155 North Congress Avenue Boynton Beach, FL 33436	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Weiner, Eric J., M.D. 3199 Lake Worth Road Lake Worth, FL 33461	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Weinstein, Debra, M.D. 8188 Jog Road, Ste. 204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Dadi, Shaul, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Lakow, Michael, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Musaffi, Albert, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Simon, Mark A., M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP von Sohsten, Roberto L., M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Pinedo, Walter, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Hurwitz, Lyle, M.D. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP/D Rosenfield, Thomas, M.D. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Steinberg, Seth S., M.D. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Simon, Todd, D.O. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Bakst, Alan E., M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Maizes, Jay S., M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Sanchez, Carlos, M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Weissberger, David, M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Zaltzman, Mathew L., M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP/D Joshua, Baskaran, M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Joshua, Gracy, M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Friedman, Neil, M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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