

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000083534

1. Entity Name  
 8000 BISCAYNE PROFESSIONAL BUILDING, INC.



Principal Place of Business  
 8000 BISCAYNE BLVD  
 101  
 MIAMI, FL 33138 US

Mailing Address  
 7031 SW 62ND AVE  
 5TH FLOOR  
 MIAMI, FL 33143 US



04302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0515683 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHEL, M.D., JACK J  
 7031 S.W. 62ND AVE  
 5TH FLOOR  
 MIAMI, FL 33143

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U00000151391  
 05/04/04-80044-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MICHEL, M.D., JACK J
STREET ADDRESS	7031 S.W. 62ND AVE 5TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33143

TITLE	
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CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #