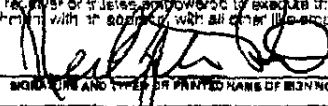


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F96000030772		
1. Entity Name FRANKOWITZ, SALTZMAN & TYTLER, D.O., P.A.		
Principal Place of Business: 6738 W SUNRISE BLVD SUITE 103 PLANTATION, FL 32313 US		Mailing Address: 6738 W SUNRISE BLVD SUITE 103 PLANTATION, FL 33313 US
DO NOT WRITE IN THIS SPACE		
		04212004 No Chg-P CR2E034 (10/02)
4. FE Number 85-0374059		Notified For Reg. Application
5. Certificate of Status Desired ☐		\$8.75 Notified Fee Required
6. Name and Address of Current Registered Agent		
ROSENBERG, ARTHUR R 4875 N FEDERAL HWY 7TH FLOOR FT LAUDERDALE, FL 33308		
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 _____ DATE _____ (Sign and type or printed name of registered agent and date of approval) (NOTA: Registered Agent, signature required when re-appointing)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing True Fund Contribution ☐ \$5.00 May Be Added to Fees
		000000145860 05/03/04-80041-023 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALTZMAN, DAVID 6738 W SUNRISE BLVD 103 PLANTATION, FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TYTLER, NEIL B 6738 W SUNRISE BLVD 103 PLANTATION, FL 33313	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-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 11-3.07(3)(b), 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, limited liability or limited partnership, or sole proprietorship, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11; and that I am attaching with this report, with all other like documents.		
SIGNATURE:  Signature and Title or Printed Name of Signing Officer or Director		