


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000073569 1. Entity Name ROBERT O'NEILL, M.D., P.A.			
Principal Place of Business 7150 W. 20TH AVENUE., SUITE 612 HIALEAH FL 33016		Mailing Address 7150 W. 20TH AVENUE., SUITE 612 HIALEAH FL 33016	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number **65-0697831** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent O'NEILL, ROBERT MD 7150 W. 20TH AVENUE., SUITE 612 HIALEAH FL 33016		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 11/04	
TITLE P	<input type="checkbox"/> Delete	TITLE U00000011900	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME O'NEILL, ROBERT M.D.		NAME 01/23/04-80056-003	150.00
STREET ADDRESS 7150 W. 20TH AVENUE., SUITE 612		STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL 33016		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ *Robert O'Neill MD* *1/21/04 (305) 827-1561*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #