


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91009 023 \*\*\*150.00

<b>DOCUMENT # P96000099552</b>	
1. Entity Name <b>PVL ASSOCIATES, INC.</b>	

Principal Place of Business <b>2511 PONCE DE LEON BLVD SUITE 400 CORAL GABLES, FL 33134</b>	Mailing Address <b>2511 PONCE DE LEON BLVD SUITE 400 CORAL GABLES, FL 33134</b>
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**24067560**

2. Principal Place of Business <b>2555 Ponce de Leon Blvd.</b>	3. Mailing Address <b>2555 Ponce de Leon Blvd.</b>
Suite, Apt. #, etc. <b>Suite 400</b>	Suite, Apt. #, etc. <b>Suite 400</b>
City & State <b>Coral Gables</b>	City & State <b>Coral Gables</b>
Zip <b>33134</b>	Country
Zip <b>33134</b>	Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0725180**

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

6. Name and Address of Current Registered Agent

**KATZEN, BARRY M.D.  
2511 PONCE DE LEON BLVD  
SUITE 400  
CORAL GABLES, FL 33134-6019**

7. Name and Address of New Registered Agent

Name **Katzen, Barry M.D.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2555 Ponce de Leon Blvd**  
**Suite 400**  
City **Coral Gables** **FL** Zip Code **33134-6019**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP APTMAN, MICHAEL MD 2511 PONCE DE LEON BLVD #400 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Aptman, Michael MD 2555 Ponce de Leon Blvd. #400 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KATZEN, BARRY MD 2511 PONCE DE LEON BLVD #400 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Katzen, Barry MD 2555 Ponce de Leon Blvd. #400 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KANTER, STEPHENS MD 2511 PONCE DE LEON BLVD #400 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Kanter, Stephens MD 2555 Ponce de Leon Blvd. #400 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:  **4/27/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #