

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2004 08:00 AM Secretary of State

DOCUMENT # P97000002852
1. Entity Name
GARY C. KUSHNER, M.D. P.A.



Principal Place of Business
16800 N.W. 2ND AVE.
SUITE 102
MIAMI, FL 33169
Mailing Address
16800 N.W. 2ND AVE.
SUITE 102
MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



07212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0728010
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KUSHNER, GARY C M.D.
16800 N.W. 2ND AVE.
SUITE 102
MIAMI, FL 33169

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
Due by September 8, 2004

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

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PSD, KUSHNER, GARY MD, 16800 NW 2ND AVE., STE 102, NORTH MIAMI BEACH, FL 33169

DO NOT WRITE IN THIS SPACE
000000168239
07/26/04-80005-020 150.00

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: Gary Kushner MD PA 7/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #