

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000109049

FILED  
Apr 29, 2004  
Secretary of State

**Entity Name:** THE MEDICAL OFFICE OF ROBERT JAY DRIMMER M.D. P.A.

**Current Principal Place of Business:**

7180 VIA PALOMAR  
BOCA RATON, FL 33433

**New Principal Place of Business:**

9114 C SW 20TH STREET  
BOCA RATON, FL 33428

**Current Mailing Address:**

7180 VIA PALOMAR  
BOCA RATON, FL 33433

**New Mailing Address:**

9114 C SW 20TH STREET  
BOCA RATON, FL 33428

**FEI Number:** 65-0802929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZIEGLER, JACQUELINE M  
1853 NW 94TH AVE  
CORAL SPRINGS, FL 330718956 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DRIMMER, ROBERT V  
Address: 7180 VIA PALOMAR  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: DRIMMER, LORI  
Address: 7180 VIA PALOMAR  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DRIMMER, ROBERT J  
Address: 7180 VIA PALOMAR  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OORI DRIMMER

T

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date