

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004768

FILED
Jan 16, 2005
Secretary of State

Entity Name: JULIE B. SCHWARTZBARD, M.D., P.A.

Current Principal Place of Business:

210000 NE 28TH AVE SUITE 205
AVENTURA, FL 33180

New Principal Place of Business:

210000 NE 28TH AVE
SUITE 205
AVENTURA, FL 33180

Current Mailing Address:

210000 NE 28TH AVE SUITE 205
AVENTURA, FL 33180

New Mailing Address:

210000 NE 28TH AVE
SUITE 205
AVENTURA, FL 33180

FEI Number: 65-0805186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLASSER, GENE K
2021 TYLER STREET
HOLLYWOOD, FL 33020 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: D () Delete
Name: SCHWARTZBARD, JULIE B M.D.
Address: 2999 NE 191ST STREET, SUITE 240
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHWARTZBARD, JULIE B M.D.
Address: 21000 NE 28TH AVE, SUITE 205
City-St-Zip: AVENTURA, FL 33180

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: JULIE SCHWARTZBARD, MD

D

01/16/2005

Electronic Signature of Signing Officer or Director

_____ Date