

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008348

FILED
Mar 26, 2004
Secretary of State

Entity Name: P.C. MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

1316 N STATE RD 7
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1316 N STATE RD 7
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0807670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OATES, DANIEL E
1500 EAST ATLANTIC BLVD.
SUITE B
POMPANO BEACH, FL 33060 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: SHERMAN, MELVYN
Address: 1316 N STATE RD 7
City-St-Zip: POMPAN0 BEACH, FL 33063

Title: VS () Delete
Name: COHEN, ALEX
Address: 1316 N STATE RD 7
City-St-Zip: POMPAN0 BEACH, FL 33063

Title: T () Delete
Name: SCHWARTZ, ROSS
Address: 1316 N STATE RD 7
City-St-Zip: POMPAN0 BEACH, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SEC () Change (X) Addition
Name: DI CAPUA, JOSEPH J
Address: 2061 NW 2ND AVENUE, STE 201
City-St-Zip: BOCA RATON, FL 33431

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: JOSEPH J. DI CAPUA

SEC

03/26/2004

Electronic Signature of Signing Officer or Director

Date