

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059889

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** JEREMY R. GEFFEN, M.D. & ASSOCIATES, P.A.

**Current Principal Place of Business:**

981 37TH PLACE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

1401 HIGHWAY A1A  
205  
VERO BEACH, FL 32963

**Current Mailing Address:**

981 37TH PLACE  
VERO BEACH, FL 32960

**New Mailing Address:**

1401 HIGHWAY A1A  
205  
VERO BEACH, FL 32963

**FEI Number:** 65-0849012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, JOHN E III  
756 BEACHLAND BOULEVARD  
VERO BEACH, FL 32963 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: GEFFEN, JEREMY R M.D.  
Address: 981 37TH PLACE  
City-St-Zip: VERO BEACH, FL 32960

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

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:** JEREMY R. GEFFEN

D

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date