

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080508

FILED
Apr 23, 2004
Secretary of State

Entity Name: LOUIS B. CHAYKIN, M.D., P.A.

Current Principal Place of Business:

201 S. BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131

New Principal Place of Business:

21110 BISCAYNE BLVD.
SUITE 205
AVENTURA, FL 33180 US

Current Mailing Address:

C/O MARC AUERBACH
201 S. BISCAYNE BLVD, SUITE 2000
MIAMI, FL 33131

New Mailing Address:

21110 BISCAYNE BLVD.
SUITE 205
AVENTURA, FL 33180 US

FEI Number: 65-0862816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H
201 S. BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131 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: PSTD () Delete
Name: CHAYKIN, LOUIS B M.D.
Address: 21110 BISCAYNE BLVD., #205
City-St-Zip: N. MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CHAYKIN, LOUIS B M.D.
Address: 21110 BISCAYNE BLVD., #205
City-St-Zip: AVENTURA, FL 33180 US

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: LOUIS B. CHAYKIN, M.D.

PSTD

04/23/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date