

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087206

Entity Name: BRAD E. OREN, M.D., P.A.

FILED
Jul 27, 2004
Secretary of State

Current Principal Place of Business:

1870 FOREST HIL BLVD.
SUITE 101
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

1870 FOREST HILL BLVD.
SUITE
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0868500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDOLFO, PHILLIP T ESQ.
777 S. FLAGLER DRIVE
SUITE 300E
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

OREN, BRAD E MD
1870 FOREST HILL
SUITE 101
WEST PALM BEACH, FL 33406 US

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: BRAD E. OREN, M.D.

07/27/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OREN, BRAD E M.D.
Address: 1870 FOREST HILL BLVD STE. 101
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: OREN, BRAD E M.D.
Address: 1870 FOREST HILL BLVD STE. 101
City-St-Zip: WEST PALM BEACH, FL 33406

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: BRAD E. OREN, M.D.

DR.

07/27/2004

Electronic Signature of Signing Officer or Director

Date