

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90015 005 ***150.00

40009733



DOCUMENT # P98000087206 1. Entity Name BRAD E. OREN, M.D., P.A.																																			
Principal Place of Business 1870 FOREST HILL BLVD. SUITE 101 WEST PALM BEACH, FL 33406 US		Mailing Address 1870 FOREST HILL BLVD. SUITE WEST PALM BEACH, FL 33406																																	
2. Principal Place of Business 4915 S. Congress Ave Suite, Apt. #, etc. Ste C		3. Mailing Address 4915 S Congress Ave Suite, Apt. #, etc. Ste C																																	
City & State Lake worth - FL		City & State Lake worth FL																																	
Zip 33461		Zip 33461																																	
Country US		Country US																																	
4. FEI Number 65-0868500		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent OREN, BRAD E MD 1870 FOREST HILL SUITE 101 WEST PALM BEACH, FL 33406		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4915 S. Congress Ave Ste C City Lake worth FL Zip Code 33461																																	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 1/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DR. OREN, BRAD E M.D. 1870 FOREST HILL BLVD STE. 101 WEST PALM BEACH, FL-33406 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. OREN, BRAD E M.D. 1870 FOREST HILL BLVD STE. 101 WEST PALM BEACH, FL-33406 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4915 S. Congress Ave Ste C - Lake worth - FL 33461 </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4915 S. Congress Ave Ste C - Lake worth - FL 33461														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. OREN, BRAD E M.D. 1870 FOREST HILL BLVD STE. 101 WEST PALM BEACH, FL-33406 <input type="checkbox"/> Delete																																		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4915 S. Congress Ave Ste C - Lake worth - FL 33461																																		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																			
SIGNATURE:		Date: 1/26/05 Daytime Phone #: 561 453 0098																																	