2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000014662

1. Entity Name
WECHSEL MEDICAL CENTER, INC.

Principal Place of Business	Mailing Address
2228 NORTH UNIVERSITY DRIVE	2228 NORTH UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071	CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

01152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0896706	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000036668 02/06/04-80069-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WECHSEL, RON D.C.
STREET ADDRESS	2236 NORTH UNIVERSITY DRIVE
CITY · ST · ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY · ST · ZIP	
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NAME	
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CITY · ST · ZIP	

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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: x _____   1/30/04