


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90021 041 \*\*\*150.00

**DOCUMENT # P99000015793**

1. Entity Name  
**ZORAN POTPARIC, M.D., P.A.**



Principal Place of Business      Mailing Address  
**935 INTRACOASTAL DR**      **935 INTRACOASTAL DR**  
**FORT LAUDERDALE FL 33304**      **FORT LAUDERDALE FL 33304**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

**65-0889915**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**POTPARIC, ZORAN M.D.**  
**935 INTRACOASTAL DR**  
**FORT LAUDERDALE FL 33304**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

B. 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 *Zoran Potparic* **ZORAN POTPARIC, M.D.**      DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE      PD       Delete

NAME      **POTPARIC, ZORAN M.D.**

STREET ADDRESS      **935 INTRACOASTAL DR**

CITY-ST-ZIP      **FORT LAUDERDALE FL 33304**

TITLE       Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: *Zoran Potparic* **ZORAN POTPARIC, M.D.**      Date: **1/20/04**      Daytime Phone #: **(954) 567-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR