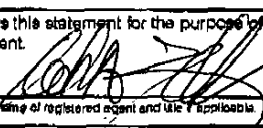


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90228 028 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000019127			
1. Entity Name ROBERT A. ZOLTEN, M.D., P.A.			
Principal Place of Business 151 N.W. 11 STREET HOMESTEAD, FL 33030		Mailing Address 151 N.W. 11 STREET HOMESTEAD, FL 33030	
2. Principal Place of Business 139 NE 15 STREET		3. Mailing Address 139 NE 15 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMESTEAD FL		City & State HOMESTEAD FL	
Zip 33030 Country USA		Zip 33030 Country USA	
4. FEI Number 65-0899011		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREIER, ROBERT G 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name ROBERT ZOLTEN Street Address (P.O. Box Number is Not Acceptable) 139 NE 15 STREET City HOMESTEAD FL Zip Code 33030	
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 29 APR 04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZOLTEN, ROBERT A M.D 151 N.W. 11 STREET HOMESTEAD, FL 33030 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 29 Apr 04 305 246 2885 Daytime Phone #	