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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.

24070373

Principal Place of Business	Mailing Address
151 N.W. 11 STREET HOMESTEAD, FL 33030	151 N.W. 11 STREET HOMESTEAD, FL 33030

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
139 NE 15 STREET	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
2600 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 [signature] 29 APR 04
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

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
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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: [signature] 29 Apr 04 305 246 2885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

No.8990 P. 2 Apr. 29. 2004 10:20AM