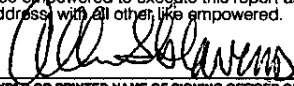


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90017 004 ***150.00

DOCUMENT # P99000039810					
1. Entity Name MORRIS, SKLAVER, MESTRE & DENNEY, M.D., P.A.					
Principal Place of Business 7353 NW 4TH STREET PLANTATION, FL 33317			Mailing Address 7353 NW 4TH STREET PLANTATION, FL 33317		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0916457	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKLAVER, ALLEN R 7353 NW 4TH STREET PLANTATION, FL 33317			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (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 P	NAME SKLAVER, ALLEN		TITLE NAME	NAME SKLAVER, ALLEN	
STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET		STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET	
CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317		CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317	
TITLE V	NAME MORRIS, JAMES		TITLE NAME	NAME MORRIS, JAMES	
STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET		STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET	
CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317		CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317	
TITLE T	NAME MORRIS, MICHELE		TITLE NAME	NAME MORRIS, MICHELE	
STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET		STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET	
CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317		CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317	
TITLE S	NAME MESTRE, ALBERTO		TITLE T	NAME MESTRE, ALBERTO	
STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET		STREET ADDRESS 7353 NW 4TH STREET	STREET ADDRESS 7353 NW 4TH STREET	
CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317		CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317	
TITLE DENNEY-REID, CAROLYN	NAME DENNEY-REID, CAROLYN		TITLE S	NAME DENNEY-REID, CAROLYN	
STREET ADDRESS 7353 NW 4th STREET	STREET ADDRESS 7353 NW 4th STREET		STREET ADDRESS 7353 NW 4th STREET	STREET ADDRESS 7353 NW 4th STREET	
CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317		CITY-ST-ZIP PLANTATION, FL 33317	CITY-ST-ZIP PLANTATION, FL 33317	
TITLE NAME	NAME NAME		TITLE NAME	NAME NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP 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: 			2/11/04 9545846320		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		