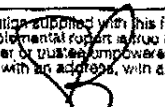


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000062019 1. Entity Name DELRAY BEACH PHYSICIANS ASSOCIATES, INC.			
Principal Place of Business 265 NORTHEAST 2ND AVENUE DELRAY BEACH, FL 33444		Mailing Address 265 NORTHEAST 2ND AVENUE DELRAY BEACH, FL 33444	
DO NOT WRITE IN THIS SPACE		04302004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0933423 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANFR, STEVEN 265 NORTHEAST 2ND AVENUE DELRAY BEACH, FL 33444		DO NOT WRITE IN THIS SPACE	
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 renewing)			
FILE NOW!!! FEE IS \$450.00 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		U000000149343 05/03/04-80182-004 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD BADER, STEVEN 265 NORTHEAST 2ND AVENUE DELRAY BEACH, FL 33444			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/30/04 861-276-5060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	