



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90097 013 ***158.75

DOCUMENT # S38695 1. Entity Name JOSEPH W. POITIER, M.D., P.A.					
Principal Place of Business 1175 N.E. 125TH ST., #306 MIAMI, FL 33161 US			Mailing Address 1175 N.E. 125TH ST., #306 MIAMI, FL 33161 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01082005 Chg-P CR2E034 (10/03)				4. FEI Number 65-0251676	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POITIER, JOSEPH W 1175 NE 125TH ST 213 MIAMI, FL 33161			7. Name and Address of New Registered Agent Name Joseph W Poitier Street Address (P.O. Box Number is Not Acceptable) 1175 NE 125 ST #306 City Miami FL Zip Code 33161		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPVT POITIER, JOSEPH W 1284 NE 92 ST MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT Joseph W Poitier 1175 NE 125 ST suite 306 miami, FL 33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 4/2/05 Daytime Phone # _____					



Division of Corporations

2005 Annual Report

40047837

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	S38695
Business Entity Name	JOSEPH W. POITIER, M.D., P.A.
Original File Date	03/19/1991

FEI Number 65-0251676

Principal Address 1175 N.E. 125TH ST., #306
MIAMI, FL 33161 US

Mailing Address 1175 N.E. 125TH ST., #306
MIAMI, FL 33161 US

Registered Agent JOSEPH W POITIER
1175 NE 125TH ST
~~213~~ #306
MIAMI, FL 33161 US

Officer/Director Name And Address

DPVT
JOSEPH W POITIER
~~1284 NE 92 ST~~ 1175 N.E. 125TH ST #306
MIAMI, FL 33138

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select:

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