


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90027 023 ***150.00

DOCUMENT # V10659
 1. Entity Name
DOUGLAS M. WEISSMAN, M.D., P.A.



Principal Place of Business Mailing Address
12622 CLASSIC DR. CORAL SPRINGS FL 33071 **12622 CLASSIC DR. CORAL SPRINGS FL 33071**

2. Principal Place of Business **9750 NW 33rd St** 3. Mailing Address **8929 Hidden Acre St.**
 Suite, Apt. #, etc. **Suite 206** Suite, Apt. #, etc. **Parkland**
 City & State **Coral Springs** City & State **Parkland FL**
 Zip **33065** Country **Brian** Zip **33067** Country **USA**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
MOFSEN, CPA HOWARD
5701 NORTH PINE ISLAND ROAD
SUITE 250
FORT LAUDERDALE FL 33321

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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 \$550.00
Make Check Payable to Florida Department of State

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 WEISSMAN, DOUGLAS M 12622 CLASSIC DRIVE CORAL SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Douglas M. Weissman 8929 Hidden Acre St. Parkland FL 33067
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: *Douglas M. Weissman* Date **1/31/04** Daytime Phone # **(954) 755 3384**