


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V16862</b> 1. Entity Name DRUMMOND & SCHWIMMER, M.D., P.A.	
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Principal Place of Business 1000 45TH STREET SUITE 3 WEST PALM BEACH, FL 33407	Mailing Address 1000 45TH STREET SUITE 3 WEST PALM BEACH, FL 33407
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**DO NOT WRITE IN THIS SPACE**



04042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0315441	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHWIMMER, BURTON L.  
1000 45TH ST.  
SUITE 3  
WEST PALM BEACH, FL 33407

**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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRUMMOND, DONALD T 879 WINDERMERE WAY PALM BCH. GRDNS., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHWIMMER, BURTON L 10909 LARCH CT. PALM BCH. GRDNS., FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/15/04-80007-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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:** Burt Selmer 4/18/04 561 8442237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #