


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V21838**  
1. Entity Name  
WILBUR, GREENSTEIN AND QUINTELA, M.D.'S, P.A.



Principal Place of Business 9850 STIRLING RD SUITE 103 COOPERCITY, FL 33024-8024 US	Mailing Address 9850 STIRLING RD SUITE 103 COOPERCITY, FL 33024-8042 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0320256	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  
  
WILBUR, RICHARD J.  
9850 STIRLING RD  
SUITE 103  
COOPER CITY, FL 33024

**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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000197555 01/27/05-80016-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARC H GREENSTEIN MD 9850 STIRLING RD #103 COOPERCITY, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUINTELA, PABLO 9850 STIRLING RD, SUITE 103 COOPER CITY, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILBUR, RICHARD J 9850 STIRLING RD, SUITE 103 COOPER CITY, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Richard J. Wilbur MD Date: 01/26/2005 (954) 437-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*Richard J. Wilbur MD*