


**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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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000197555
01/27/05-80016-011 150.00

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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 Daytime Phone #: (954) 437-1500

Richard J. Wilbur, MD