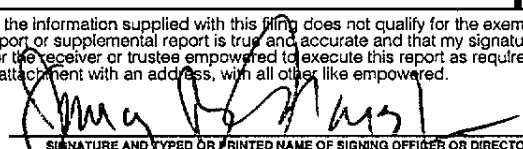


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # V36741 1. Entity Name JEFFREY B. ALPERSTEIN, M.D., P.A.							
Principal Place of Business 210 JUPITER LAKES BLVD. SUITE 202, BUILDING 4000 JUPITER, FL 33458		Mailing Address 210 JUPITER LAKES BLVD. SUITE 202, BUILDING 4000 JUPITER, FL 33458					
DO NOT WRITE IN THIS SPACE							
				 04262004 No Chg-P CR2E034 (10/03)			
		4. FEI Number 65-0332229		Applied For ☐ Not Applicable			
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				DO NOT WRITE IN THIS SPACE			
ALPERSTEIN JEFFREY B 210 JUPITER LAKES BLVD 4000 BLDG JUPITER, FL 33458							
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 _____ Signature, typed or printed name of registered agent and title if applicable. (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				DO NOT WRITE IN THIS SPACE			
TITLE	D					00000038655	
NAME	ALPERSTEIN, JEFFREY B.					04/29/04-80128-024 150.00	
STREET ADDRESS	210 JUPITER LAKES BLVD.						
CITY - ST - ZIP	JUPITER, FL						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/26/04 505259112					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			