

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V48099

**FILED  
Jan 06, 2004  
Secretary of State**

**Entity Name:** GUNTER KAHN, M.D., P.A.

**Current Principal Place of Business:**

16800 N.W. SECOND AVENUE  
SUITE 408  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

16800 N.W. SECOND AVENUE  
SUITE 408  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

**FEI Number:** 65-0336863      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAHN, GUNTER M.D.  
16800 N.W. SECOND AVENUE  
SUITE 408  
NORTH MIAMI BEACH, FL 33169

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KAHN, GUNTER  
Address: 16800 NW SECOND AVE.  
City-St-Zip: N. MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KAHN, GUNTER  
Address: 16800 NW SECOND AVE.  
City-St-Zip: N. MIAMI BEACH, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUNTER KAHN

MD

01/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date