

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # 549898
 1. Entity Name
 WARREN J. STREISAND, M.D., P.A.



Principal Place of Business Mailing Address
 7421 NORTH UNVIERSITY DRIVE 7421 NORTH UNVIERSITY DRIVE
 TAMARAC, FL 33321 TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE



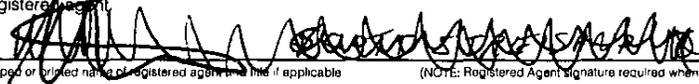
04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1774450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STREISAND, WARREN J.
 7421 NORTH UNIVERSITY DRIVE
 TAMARAC, FL 33321

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  DATE 

Signature: Typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

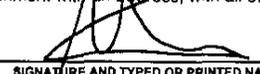
01/24/08-80001-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STREISAND, WARREN J.
STREET ADDRESS	7421 N. UNIVERSITY DR
CITY-ST-ZIP	TAMARAC, FL
TITLE	SV
NAME	STREISAND, ISABEL
STREET ADDRESS	7421 N. UNIVERSITY DR
CITY-ST-ZIP	TAMARAC, FL
TITLE	T
NAME	STREISAND, SCOTT
STREET ADDRESS	11715 W. ATLANTIC BLVD.
CITY-ST-ZIP	CORAL SPRINGS, FL 33701
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 exemptions contained in Chapter 119, 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:  SCOTT STREISAND 4/11/08

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