2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90064 008 ***150.00

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DOCUMENT # 600052

1. Entity Name
JOSEPH A. SINGER, M.D., P.A.

Principal Place of Business	Mailing Address
801 ARTHUR GODFREY RD. #402 MIAMI BEACH, FL 33140 US	801 ARTHUR GODFREY RD. #402 MIAMI BEACH, FL 33140 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2100 E.Hallandale Beach Blvd.		2100 E. Hallandale Beach Blvd.	
Suite, Apt. #, etc.: Suite 402		Suite, Apt. #, etc.: Suite 402	
City & State: Hallandale Beach, FL		City & State: Hallandale Beach, FL	
Zip: 33009	Country: US	Zip: 33009	Country: US

4. FEI Number: 59-0940647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, JOSEPH A M.D.
801 ARTHUR GODFREY RD.
#402
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name: Joseph A. Singer, M. D.
Street Address (P.O. Box Number is Not Acceptable): 2100 E. Hallandale Beach, Blvd.
Suie 402
City: Hallandale Beach FL Zip Code: 33009

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] Joseph A. Singer, M.D. DATE 2-8-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SINGER, JOSEPH A (ASST)	
STREET ADDRESS	1000 W ISLAND BLVD #1609	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] Joseph A. Singer, M.D. 2-8-07 954-458-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #