2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600052 1. Entity Name JOSEPH A. SINGER, M.D., P.A.



FILED Feb 01, 2008 08:00 Al Secretary of State

Principal Place of Business

2100 E HALLANDALE BEACH BLVD

#402

HALLANDALE BEACH, FL 33009

Mailing Address

2100 E HALLANDALE BEACH BLVD

#402

HALLANDALE BEACH, FL 33009 US



DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

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. 2100 E HALLANDALE BEACH BLVD #402

HALLANDALE, FL 33009

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 Signature, typod or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					U00000010004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGER, JOSEPH A (ASST) 1000 W ISLAND BLVD #1609 N. MIAMI BEACH, FL				000000810794 02/08/08-80074-025 150.00
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:

SKINATURE AND TYPED OR PRINTED NAME OF SAMING OFFICER OR DIRECTOR

Joseph A. Singer, M.D. 1-29-08 (954)-458-5660

Daytime Phone