2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 600080 May 12, 2006. 08:00 Al 1. Entity Name Secretary of State DRS. SEGALL AND HERZBERG, PROFESSIONAL **ASSOCIATION** Principal Place of Business Mailing Address 4302 ALTON ROAD, SUITE 750 MIAMI BEACH FL 33140 4302 ALTON ROAD, SUITE 750 MIAMI BEACH FL 33140 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-0941578 Not Applicat Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGALL, PETER H., M.D. Street Address (P.O. Box Number is Not Acceptable) 4302 ALTON ROAD, SUITE 750 MIAMI BEACH FL 33140 City Zip Code 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, typerd or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TATLE ☐ Detete Change Addin. NAME SEGALL, PETER MD NAME STREET ADDRESS STREET ADDRESS 4302 ALTON RD, STE 750 CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33140 TITLE VTD Defete TITLE ☐ Change Addition UD0000564494 MAME HERZBERG, BERNARD MD NAME 158.75 STREET ADDRESS 4302 ALTON ROAD, SUITE 750 STREET ADDRESS CITY-ST-ZIP MIAMI BCH FL 33140 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Autoria, NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addilia ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP information supplied with this filing closs not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information 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 receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 12. I hereby certify that the information indicated on this report