


FILED
Mar 14, 2007 8:00 am
Secretary of State

02-12-2007 90084 029 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 602115					
1. Entity Name SCHONFELD, WEISS, MIGICOVSKY & KANER, M.D., P.A.					
Principal Place of Business 4700-M SHERIDAN STREET HOLLYWOOD, FL 33021			Mailing Address 4700-M SHERIDAN STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1293161	
				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			7. Name and Address of New Registered Agent		
SCHWARTZ, JOSEPH L 4040 SHERIDAN STREET HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ DATE _____ <small>Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P RESIDENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHONFELD, WAYNE	NAME			
STREET ADDRESS	4700M SHERIDAN STREET	STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD, FL 33021	CITY- ST- ZIP			
TITLE	V ICE PRESIDENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISS, DAVID	NAME			
STREET ADDRESS	4700M SHERIDAN STREET	STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD, FL 33021	CITY- ST- ZIP			
TITLE	S ECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIGICOVSKY, BARRY	NAME			
STREET ADDRESS	4700M SHERIDAN STREET	STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD, FL 33021	CITY- ST- ZIP			
TITLE	T REASURER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANER, JEFFREY B	NAME			
STREET ADDRESS	4700M SHERIDAN STREET	STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD, FL 33021	CITY- ST- ZIP			
TITLE	D IRECTOR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	L ANOUE, ALIX	NAME			
STREET ADDRESS	4700m Sheridan St.	STREET ADDRESS			
CITY- ST- ZIP	Hollywood FL 33021	CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		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 information.					
SIGNATURE: <i>Wayne Schonfeld</i>		Date: <i>1/13/07</i>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					