


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F61598
1. Entity Name
THEODORE M. WINITSKY M.D., P.A.



Principal Place of Business: 8353 S.W. 124 ST. SUITE 202 MIAMI, FL 33156
Mailing Address: 8353 S.W. 124 ST. SUITE 202 MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2156096 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WINITSKY, THEODORE M.
12925 S.W. 110 AVE.
MIAMI, FL 33156

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINITSKY, THEODORE M 12925 S W 110 AVE MIAMI, FL 00000.
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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: *Theodore M. Winitsky* Date: 7/4/07 305 Daytime Phone #: 253-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR