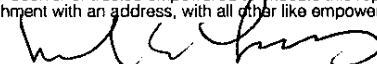


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90016 046 ***150.00

DOCUMENT # L94326 1. Entity Name LEWIS, GOTLIEB, SALTZMAN AND EDEP, M.D., P.A.					
Principal Place of Business 1000 NW 9TH COURT SUITE 201 BOCA RATON, FL 33486			Mailing Address 1000 NW 9TH COURT SUITE 201 BOCA RATON, FL 33486		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0213562				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAURER, ADRIA 1000 NW 9TH COURT #201 BOCA RATON, FL 33486			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, MICHAEL, DR. 1000 NW 9TH COURT BOCA RATON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOTLIEB, NORMAN E DR 1000 NW 9TH CT BOCA RATON, FL 33486	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALTZMAN, MARK B DR 1000 NW 9TH COURT BOCA RATON, FL 33486	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	HD EDEP, MARTIN E 1000 NW 9TH COURT, #201 BOCA RATON, FL 33486	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/24/06 Date		President Daytime Phone #