2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L94326

1. Entity Name
LEWIS, GOTLIEB, SALTZMAN AND EDEP, M.D., P.A.

Principal Place of Business	Mailing Address
1000 NW 9TH COURT SUITE 201 BOCA RATON, FL 33486	1000 NW 9TH COURT SUITE 201 BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

03152007 No Chg-P CR2E034 (11/05)

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

MAURER, ADRIA
1000 NW 9TH COURT #201
BOCA RATON, FL 33486

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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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailed in.)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, MICHAEL, DR.
STREET ADDRESS	1000 NW 9TH COURT
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	GOTLIEB, NORMAN E DR
STREET ADDRESS	1000 NW 9TH CT
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	SALTZMAN, MARK B DR
STREET ADDRESS	1000 NW 9TH COURT
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	HD
NAME	EDEP, MARTIN E
STREET ADDRESS	1000 NW 9TH COURT, #201
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

150.00

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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: Adria Maurer - agent 3-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-395-4600
x107