

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000062029

Entity Name: WAYNE POLLAK, M.D., P.A.

FILED  
Jan 10, 2006  
Secretary of State

**Current Principal Place of Business:**

5679 ROYAL OAK WAY  
HOLLYWOOD, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

5679 ROYAL OAK WAY  
HOLLYWOOD, FL 33312

**New Mailing Address:**

FEI Number: 03-0458342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLLAK, WAYNE  
5679 ROYAL OAK WAY  
HOLLYWOOD, FL 33312 US

**Name and Address of New Registered Agent:**

POLLAK, WAYNE M MD  
5679 ROYAL OAK WAY  
HOLLYWOOD, FL 33312 US

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.

SIGNATURE: WAYNE M POLLAK MD

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: POLLAK, WAYNE  
Address: 5679 ROYAL OAK WAY  
City-St-Zip: HOLLYWOOD, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: POLLAK, WAYNE M MD  
Address: 5679 ROYAL OAK WAY  
City-St-Zip: HOLLYWOOD, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE M POLLAK MD

PRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date