


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90107 048 \*\*\*150.00

**DOCUMENT # P04000003124**

1. Entity Name  
**JEROME S. REICH, M.D. P.A.**



Principal Place of Business      Mailing Address

**16800 NW 2ND AVENUE  
 SUITE 504  
 MIAMI, FL 33169**      **16800 NW 2ND AVENUE  
 SUITE 504  
 MIAMI, FL 33169**

2. Principal Place of Business      3. Mailing Address


Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 306**      **SUITE 306**

City & State      City & State

Zip      Country      Zip      Country

**60022671**



02232006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**20-0631269**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**REICH, JEROME S  
 16800 NW 2ND AVENUE  
 SUITE 504  
 MIAMI, FL 33169**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

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 After May 1, 2006 Fee will be \$850.00**

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	PSD REICH, JEROME S 16800 NW 2ND AVENUE SUITE 504 MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** \_\_\_\_\_      **3-1-06**      **305-652-9652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #