2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000003124

1. Entity Name

JEROME S. REICH, M.D. P.A.

FILED Apr 23, 2008 08:00 AN Secretary of State

Principal Place of Business

16800 NW 2ND AVENUE

STE 306 MIAMI, FL 33169 Mailing Address

16800 NW 2ND AVENUE

STE 306

MIAMI, FL 33169



DO NOT WRITE IN THIS SPACE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02192008 No Chg-P CR28

CR2E034 (11/05)

4. FEI Number 20-0631269

4-21-08

Date

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305-652-9652

Daytime Phone #

6. Name and Address of Current Registered Agent

REICH, JEROME S 16800 NW 2ND AVENUE SUITE 306 MIAMI, FL 33169

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 i	f applicable (NOTE: Re	egistered Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000916383 05/12/08-80023-024-150-00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REICH, JEROME S 16800 NW 2ND AVE SUITE #306 MIAMI, FL 33169				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 the accurate his 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.					