

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131819

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: SUZANNE Y. SUCCOP, M.D., P.A.

## Current Principal Place of Business:

3245 EQUESTRIAN DR  
BOCA RATON, FL 33434

## New Principal Place of Business:

## Current Mailing Address:

3245 EQUESTRIAN DR  
BOCA RATON, FL 33434

## New Mailing Address:

FEI Number: 20-1647461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENDECK, ELIAS Z  
6864-B FOREST HILL BLVD  
GREENACRES, FL 33413      US

## Name and Address of New Registered Agent:

BENDECK, ELIAS Z  
2900 N. MILITARY TRAIL  
SUITE #201  
BOCA RATON, FL 33431 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/05/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: SUCCOP, SUZANNE Y MD  
Address: 3245 EQUESTRIAN DRIVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: V      ( ) Delete  
Name: SUCCOP, SUZANNE Y MD  
Address: 3245 EQUESTRIAN DRIVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: S      ( ) Delete  
Name: SUCCOP, SUZANNE Y MD  
Address: 3245 EQUESTRIAN DRIVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: T      ( ) Delete  
Name: SUCCOP, SUZANNE Y MD  
Address: 3245 EQUESTRIAN DRIVE  
City-St-Zip: BOCA RATON, FL 33434 US

Title: D      ( ) Delete  
Name: SUCCOP, SUZANNE Y MD  
Address: 3245 EQUESTRIAN DRIVE  
City-St-Zip: BOCA RATON, FL 33434 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUZANNE Y. SUCCOP

Electronic Signature of Signing Officer or Director

P

01/05/2007

Date