


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90015 038 ***150.00

DOCUMENT # P05000008465			
1. Entity Name MERNA K. MATILSKY, M.D., P.A.			
Principal Place of Business 5150 LINTON BLVD. SUITE 230 DELRAY BEACH, FL 33484 US		Mailing Address 5150 LINTON BLVD. SUITE 230 DELRAY BEACH, FL 33484 US	
2. Principal Place of Business - No P.O. Box# 2900 N. Military Trail Suite, Apt. #, etc. Suite 245 City & State Boca Raton, FL Zip 33431		3. Mailing Address 2900 N. Military Trail Suite, Apt. #, etc. Suite 245 City & State Boca Raton, FL Zip 33431	
		4. FEI Number 55-0885471	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRASNA, GARY M 3010 NORTH MILITARY TRAIL SUITE 210 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Acceptable) 120 East Palmetto Park Road Suite 100 City Boca Raton FL Zip Code 33432	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MATILSKY, MERNA K 5150 LINTON BLVD., SUITE 230 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2900 N. Military Trail, Suite 245 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date 7/21/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT 40111813

P05000008465

MERNA MATILSKY MD, PA
2900 N. Military Trail
Suite 245
Boca Raton, FL 33433
Tel: 561-994-2007 Fax: 561-994-2003
Website: www.matilskyandmorris.com

July 20, 2008

Re: Document #P05000008465

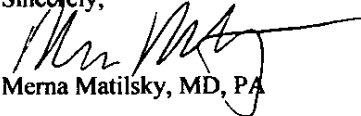
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

Due to changes of address for both my corporation and my registered agent at approximately the same time, I did not receive the original request for filing my annual report on time. I am requesting that added penalties for not filing on time be waived in this instance. Therefore, I am enclosing a check for \$150.00 and a form for changing the addresses and I hope that this meets with your approval.

Thank you for your cooperation in this matter.

Sincerely,


Merna Matilsky, MD, PA