


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000040549

1. Entity Name
WILKS & SAFIRSTEIN, M.D., P.A.



Principal Place of Business
**2500 E HALLANDALE BEACH BLVD STE 505
HALLANDALE, FL 33009**

Mailing Address
**2500 E HALLANDALE BEACH BLVD STE 505
HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0906060 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAKSA, SAMUEL
2500 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SAFIRSTEIN, BETH E 2500 E HALLANDALE BEACH BLVD STE 505 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR WILKS, KERRI L 2500 E HALLANDALE BEACH BLVD STE 505 HALLANDALE, FL 33009
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07/17/07-80001-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Kerri L Wilks MD 12 JUL 2007 9544556757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
X127