


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # P05000040549 1. Entity Name WILKS & SAFIRSTEIN, M.D., P.A.	
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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
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0906060	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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
After May 1, 2008 Fee will be \$550.00

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

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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 01/09/08-80036-007 158.75

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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:  **03 JAN 2008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
 Beth E. Wilks MD 954-453-5757