

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000010582

1. Entity Name
FORT LAUDERDALE MARINE CENTER, INC.



Principal Place of Business
**2001 SW 20TH ST
FORT LAUDERDALE, FL 33315**

Mailing Address
**C/O SELVIN PASSE M.D
2001 SW 20TH ST
FORT LAUDERDALE, FL 33315**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0736302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MURRAY, DAVID G
14011 E. BROWARD BLVD., #200
FORT LAUDERDALE, FL 33301**

**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	PD PASSEN, SELVIN MD 2019 SW 20 STREET # 106 FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PASSEN, MARTIN I MD 1107 WEST WICKE LANE LUTHERVILLE TIMONIUM, MD 21093
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PASSEN, DORA 216 ST DUNSTANS ROAD BALTIMORE, MD 21212
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PASSEN, SYLVIA H 2019 SW 20 ST # 108 FORT LAUDERDALE, FL 33315
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/14/08-80020-002 150.00

**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: *Elvise Fren, M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08 **954-713-0341**
Date Daytime Phone #