

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010582

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: FORT LAUDERDALE MARINE CENTER, INC.

**Current Principal Place of Business:**

2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0736302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PASSEN, SELVIN MD  
Address: 2019 SW 20 STREET # 106  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VP ( ) Delete  
Name: PASSEN, MARTIN I MD  
Address: 1107 WEST WICKE LANE  
City-St-Zip: LUTHERVILLE TIMONIUM, MD 21093

Title: T ( ) Delete  
Name: PASSEN, DORA  
Address: 216 ST DUNSTANS ROAD  
City-St-Zip: BALTIMORE, MD 21212

Title: S (X) Delete  
Name: PASSEN, SYLVIA H  
Address: 2019 SW 20 ST # 108  
City-St-Zip: FORT LAUDERDALE, FL 33315

**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:

I hereby certify that the information supplied with this filing does not qualify 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: MARK WEBER

CFO

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date