2006 FOR PROFIT CORPORATIO	
UMENT # P95000038762  EN D. WEISSMAN, D.M.D., P.A.	Secretary of State
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EDO NOT WRITE IN THIS COM	01062006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For Status Desired S8.75 Additional Fee Required
5. Name and Address of Current Registered Agent  MAN, STEVEN D  ANE CONCOURSE  ARBOR ISLANDS, FL 33154	DO NOT WRITE IN THIS SPACE
Lave named entity submits this statement for the purpose of changing its registere digations of registered agent.	ed office or registered agent, or doth, in the State of Florida. I am familiar with, and accept
Signature System or overled name of requirered agreet and life it applicable.  INCITE. Registered  Signature System or overled name of requirered agreet and life it applicable.  INCITE. Registered  Signature System or overled name of requirered agreet and life it applicable.  INCITE. Registered  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet and life it applicable.  Signature System or overled name of requirered agreet agre	### #################################
OFFICERS AND DIRECTORS  PD WEISSMAN, STEVEN D 1031 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	
ST WEISSMAN, ANA 1031 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154	
	DO NOT WRITE IN THIS SPACE
Certify that the information supplied with this filling does not qualify for the executed on this report or supplemental epon is true and accurate and that my signate corporation or the receiver or trustee empowered to execute this report as required, or an an attacting much an endereng, with all other like approvered.	emptions contained in Chapter 119, Florida Statutes. I further certify that the information tire shall have the same legal effect as if made under oath; that I am an officer or director red by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if