

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90065 029 ***150.00

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1. Entity Name
SMOLEY & ROISTACHER, M.D., P.A.



Principal Place of Business
**8397 W OAKLAND PARK BLVD
SUNRISE, FL 33351 US**

Mailing Address
**8397 W OAKLAND PARK BLVD
SUNRISE, FL 33351 US**

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-1547032

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROISTACHER, RICHARD M., MD
8397 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name

Spencer Angel

Street Address (P.O. Box Number is Not Acceptable)

8397 West Oakland Park Blvd

City

Sunrise

FL

Zip Code

33351

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Spencer Angel, pres

1/8/08

**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 **P** ☒ Delete
NAME **ROISTACHER, RICHARD M.,**
STREET ADDRESS **8397 W OAKLAND PARK BLVD**
CITY-ST-ZIP **SUNRISE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Spencer Angel**
STREET ADDRESS **8397 W. Oakland Park Blvd**
CITY-ST-ZIP **Sunrise, FL**

TITLE **Sec.** ☐ Change ☒ Addition
NAME **Michael Cunningham**
STREET ADDRESS **8397 W. Oakland Park Blvd.**
CITY-ST-ZIP **Sunrise, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Spencer Angel, pres

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

1/8/08
Date

305887180
Daytime Phone #