

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455497

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: DR. MARTIN E. KARNS, PROFESSIONAL ASSOCIATION

## Current Principal Place of Business:

333 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

## Current Mailing Address:

C/O TESCHER & SPALLINA, P.A.  
2101 CORPORATE BLVD SUITE 107  
BOCA RATON, FL 33431

## New Mailing Address:

C/O TESCHER & SPALLINA, P.A.  
4855 TECHNOLOGY WAY, SUITE 720  
BOCA RATON, FL 33431

FEI Number: 59-1538671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

M & W AGENTS, INC.  
2101 CORPORATE BLVD  
STE 107  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

T & S REGISTERED AGENTS, LLC  
4855 TECHNOLOGY WAY, SUITE 720  
BOCA RATON, FL 33431 US

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: DONALD R. TESCHER

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KARNS, DR.MARTIN E.  
Address: 6496 SAN MICHEL WAY  
City-St-Zip: DELRAY BEACH, FL 33484

Title: S ( ) Delete  
Name: KARNS, FERNE  
Address: 6496 SAN MICHEL WAY  
City-St-Zip: DELRAY BEACH, FL 33484

Title: T ( ) Delete  
Name: KARNS, FERNE  
Address: 6496 SAN MICHEL WAY  
City-St-Zip: DELRAY BEACH, FL 33484

## 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:

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: DR. MARTIN E. KARNS

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date