


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 470113 1. Entity Name RUSKIN-MCCORMICK, M.D.'S, P.A.	
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Principal Place of Business 8251 W BROWARD BL RM 507 PLANTATION, FL 33324 US	Mailing Address %HIXSON, MARIN, POWELL & CO., P.A. 16100 N.E. 16TH AVE, SUITE B NORTH MIAMI BEACH, FL 33162
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1573906	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUSKIN, HOWARD, M., MD
8251 W BROWARD BLVD., SUITE 507
PLANTATION, FL 33324

**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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUSKIN, HOWARD M. 8251 W. BROWARD BLVD. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SPIRA, HENRY 8251 W. BROWARD BLVD. PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/14/05-80010-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/10/05 Daytime Phone #: (954) 424-9449