


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 470113</b>	
1. Entity Name RUSKIN-MCCORMICK, M.D.'S, P.A.	

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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01262006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  RUSKIN, HOWARD, M., MD 8251 W BROWARD BLVD., SUITE 507 PLANTATION, FL 33324
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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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02/09/06-80036-004 150.00

**DO NOT WRITE  
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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:** *Howard M. Ruskin* *Howard M. Ruskin MD* *1/25/06 (954) 424-4444*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #