

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90278 037 \*\*\*150.00

**DOCUMENT # 473004**

1. Entity Name  
I. PAUL CHUDNOW, M.D., P.A.



Principal Place of Business 505 SW 7 AVE Mailing Address  
7401 N UNIVERSITY DR FT LAUDERDALE 7401 N UNIVERSITY DR  
STE 203 FL 33315 STE 203  
TAMARAC, FL 33321 US TAMARAC, FL 33321 US

**DO NOT WRITE IN THIS SPACE**

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1585009 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHUDNOW, I. PAUL, M.D.  
505 SW 7 AVENUE  
FT. LAUDERDALE, FL 33315

**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 *I. Paul Chudnow*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/05

**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 PD  
NAME CHUDNOW, I P MD  
STREET ADDRESS 505 SW 7 AVE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33315

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *I. Paul Chudnow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/28/05 954-593-3882