


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 485117 | |
| 1. Entity Name ALAN BORENSTEIN M.D., P.A. | |
|  | |
| Principal Place of Business 3001 NW 49TH AVENUE SUITE 204 LAUDERDALE LAKE, FL 33313 | Mailing Address 3001 NW 49TH AVENUE SUITE 204 LAUDERDALE LAKE, FL 33313 |



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1622818 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|---------------------------------------|
| C. Name and Address of Current Registered Agent | |
| BORENSTEIN, ALAN 3001 NW 49TH AVENUE SUITE 204 LAUDERDALE LAKE, FL 33313 | 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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| | |
|--|--|
| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BORENSTEIN, ALAN 3001 NW 49TH AV. ST. 204 LAUDERDALE LAKES FL, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST BORENSTEIN, CAROL 3001 NW 49TH AVE 204 LAUDERDALE LAKES, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/13/08-80075-013 150.00

**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: Alan Bornstein MD 1/30/08 954 779-8184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #