

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 485117

FILED  
Jul 27, 2009  
Secretary of State

Entity Name: ALAN BORENSTEIN M.D., P.A.

**Current Principal Place of Business:**

3001 NW 49TH AVENUE SUITE 204  
LAUDERDALE LAKE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

3001 NW 49TH AVENUE SUITE 204  
LAUDERDALE LAKE, FL 33313

**New Mailing Address:**

FEI Number: 59-1622818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORENSTEIN, ALAN  
3001 NW 49TH AVENUE SUITE 204  
LAUDERDALE LAKE, FL 33313 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BORENSTEIN, ALAN  
Address: 3001 NW 49TH AV. ST. 204  
City-St-Zip: LAUDERDALE LAKES FL,

Title: ST ( ) Delete  
Name: BORENSTEIN, CAROL  
Address: 3001 NW 49TH AVE 204  
City-St-Zip: LAUDERDALE LAKES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ALAN BORENSTEIN M.D.

PRES

07/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date