

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 500666

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** MATTHEW L. CARR, M.D., P.A.

**Current Principal Place of Business:**

3001 NW 49TH AVENUE  
SUITE 100  
LAUDERDALE LAKES, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

3001 NW 49TH AVENUE  
SUITE 100  
LAUDERDALE LAKES, FL 33313

**New Mailing Address:**

**FEI Number:** 59-1679057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARR, M.D., MATTHEW L.  
3001 NW 49TH AVENUE  
SUITE 100  
LAUDERDALE LAKES, 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: CARR, MATTHEW L  
Address: 674 WEST TROPICAL WAY  
City-St-Zip: PLANTATION, FL

Title: V  
Name: GHITIS, ARNOLD  
Address: 9300 NW 10 CT  
City-St-Zip: PLANTATION, FL

Title: S  
Name: CUSNIR, HENRY  
Address: 8048 S SAVANNAH CIRCLE  
City-St-Zip: DAVIE, FL 33328

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW CARR

MD

01/04/2010

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

\_\_\_\_\_ Date