


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 509813 |  |
| 1. Entity Name JELLINGER, NOVAK & LERMAN, M.D., P.A. | |

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|---|---|
| Principal Place of Business 1150 N 35TH AVE SUITE 590 HOLLYWOOD, FL 33021 US | Mailing Address GELBER & COMPANY 11450 INTERCHANGE CIRCLE NORTH MIRAMAR, FL 33025 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1681317 | 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

PRESS, MARTIN
500 E. BROWARD BLVD.
FT. LAUDERDALE, FL 33394

**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, 2005 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 | PD JELLINGER, PAUL S 1150 N 35TH AVE, SUITE 590 HOLLYWOOD, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NOVAK, STEPHEN B 1150 N 35TH AVE, SUITE 590 HOLLYWOOD, FL 00000, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LERMAN, SAM 1150 N 35TH AVE, SUITE 590 HOLLYWOOD, FL |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Stephen B. Novak Stephen B. Novak Sec'y-treas, M.D. 2/16/05 (954) 963-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #