


2008 FOR PROFIT CORPORATION ANNUAL REPORT


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

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



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
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

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

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000813879
 02/13/08-80022-008 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date: 1-30-08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR