

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 553785

FILED
Apr 15, 2006
Secretary of State

Entity Name: EISMAN & EISMAN, M.D., P.A.

Current Principal Place of Business:

11645 BISCAYNE BLVD
STE 308
MIAMI, FL 33181

New Principal Place of Business:

2785 N.E. 183RD STREET
STE 200
AVENTURA, FL 33160

Current Mailing Address:

11645 BISCAYNE BLVD
STE 308
MIAMI, FL 33181

New Mailing Address:

2785 N.E. 183RD STREET
STE 200
AVENTURA, FL 33160

FEI Number: 59-1819863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKE, MICHAEL ALAN
100 SE 2 ND STREET
STE 4000
MIAMI, FL 33133 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: PD () Delete
Name: EISMAN, EUGENE H DR
Address: 11645 BICAYNE BLVD STE 308
City-St-Zip: MIAMI, FL 33181

Title: VS () Delete
Name: EISMAN, DIANE B DR
Address: 11645 BISCAYNE BLVD STE 308
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EISMAN, EUGENE H DR
Address: 2785 N.E. 183RD STREET , SUITE 200
City-St-Zip: AVENTURA, FL 33160

Title: VS (X) Change () Addition
Name: EISMAN, DIANE B DR
Address: 2785 N.E. 183RD STREET, SUITE 200
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: EUGENE H. EISMAN, M.D.

PD

04/15/2006

Electronic Signature of Signing Officer or Director

Date