

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 563746

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: SOBEL & SOFMAN, M.D., P.A.

**Current Principal Place of Business:**

4340 SHERIDAN ST.  
SUITE 101  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4340 SHERIDAN ST.  
SUITE 101  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-1824908      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SOBEL, STUART A.  
4340 SHERIDAN ST.  
UNIT 101-C  
HOLLYWOOD, FL 33021 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: SOBEL, STUART A.,  
Address: 3700 N. 54 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete  
Name: SOBEL, ELEANOR,  
Address: 3700 N. 54 AVE.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: V ( ) Delete  
Name: SOFMAN, MICHAEL,  
Address: 1683 SW 116 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33328

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SOFMAN, MICHAEL,  
Address: 11155 SW 40TH ST  
City-St-Zip: DAVIE, FL 33328

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: STUART SOBEL

PRES

01/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date