2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600314

1. Entity Name SALTZMAN, TANIS, PITTELL, LEVIN & JACOBSON, P.A.



FILED Apr 28, 2005 08:00 AM Secretary of State

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SSOCIATES RD 7 BLDG H STE 316 E LAKES, FL 33319	Mailing Address PEDIATRIC ASSOCIATES 4620 N ST RD 7 BLDG H STE 316 LAUDERDALE LAKES, FL 33319						
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent GERSON, PRESTON, ROBINSON, INC 666 71ST ST MIAMI BEACH, FL 33141			04222005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-1198552 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 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 acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable RNOTE Registered Agent signature required when refinstating? DATE 9. Election Campalgn Financing \$5.00 May Be							
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			Added to Fees	04/28/03~8		150.00	
P LEVIN, M.D. P 16100 VIA MONTEVERDE DELRAY BCH, FL 33446 V SHULMAN, M.D. P 3237 S PORT ROYAL DR		77.			g glas Statemers (May 1) 		
S JACOBSON, M.D. J 4220 VAN BUREN ST HOLLYWOOD, FL T LIEBERMAN, M.D. G 11600 ISLAND RD			,		-		
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	6. Name and Address of Current PRESTON, ROBINSON, INC ST ACH, FL 33141 a named entity submits this statement for tions of registered agent. Signature, typed of printed name of registered agent E NOW!!! FEE IS \$150.0D BY 1, 2005 Fee will be \$550.1 OFFICERS AND P LEVIN, M.D. P 16100 VIA MONTEVERDE DELRAY BCH, FL 33446 V SHULMAN, M.D. P 3237 S PORT ROYAL DR FT LAUDERDALE, FL 33308 S JACOBSON, M.D. J 4220 VAN BUREN ST HOLLYWOOD, FL T LIEBERMAN, M.D. G 11600 ISLAND RD COOPER CITY, FL	SSOCIATES 8D 7 BLDG H STE 316 E LAKES, FL 33319 CONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent PRESTON, ROBINSON, INC ST ACH, FL 33141 A named entity submits this statement for the purpose of changing its registered itons of registered agent. Signature, typed of printed mentition registered agent across the statement for the purpose of changing its registered agent. Signature, typed of printed mentition registered agent across the statement for the purpose of changing its registered agent. Signature, typed of printed mentition registered agent across the statement for the purpose of changing its registered agent. Signature, typed of printed mentition registered agent across the statement for the purpose of changing its registered agent. PLEVIN, M.D. P SElection Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 9. Election Campaign Finar Trust Fund Contribution. OFFICERS AND DIRECTORS 1. EVIN, M.D. P 16100 VIA MONTEVERDE DELINARY BURNES	PEDIATRIC ASSOCIATES 4620 N ST R0 7 BLDG H STE 316 LAUDERDALE LAKES, FL 33319 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent PRESTON, ROBINSON, INC ST ACH, FL 33141 Senature, typed of infinited registered agent. FROM IT FEE IS \$150.00 OFFICERS AND DIRECTORS PLEVIN, M.D. P 16100 VIA MONTEVERDE DELRAY BCH, FL 33448 V SHULMAN, M.D. P 3237 S PORT ROYAL DR FT LAUDERDALE, FL 33308 S JACOBSON, M.D. J 4220 VAN BUREEN ST HOLLYWOOD, FL T LIEBERMAN, M.D. G 11600 ISLAND RD COOPER CITY, FL LETT, THE LIEBERMAN, M.D. G 11600 ISLAND RD COOPER CITY, FL	SSOCIATES AD 7 BLDG H STE 316 LAWDERDALE LAKES, FL 33319 OO NOT WRITE IN THIS SPACE OA222005 O NOT WRITE IN THIS SPACE OA222005 OA2	PEDATRIC ASSOCIATES 20 7 BIDG HISTS 316 LAKES, FL 33319 PO NOT WRITE IN THIS SPACE 14520 N ST RD 7 BIDG H STE 316 LAUDERDALE LAKES, FL 33319 14520 N O Chg.P 14 FEI Number 59-1198552 15 Cardificate of Status Desired 16. Name and Address of Current Registered Agent 17 PRESTON, ROBINSON, INC ST ACH, FL 33141 18 THIS SPACE 19 PRESTON, ROBINSON, INC ST ACH, FL 33141 10 NOT WINTHIS SPACE 11 NOWILL FEE IS \$150.00 12 PLEVIN, M.D. P 12 12 SPACE AND DIRECTORS PLEVIN, M.D. P 12 13 3446 V V V V V V V V V V V V V V V V V V	DO NOT WRITE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE ONE STATE AND ALGORITHM THIS SPACE IN THIS SPACE	

Thereby delay may be miormation supplied with this iting does not quality for the exemption stated in decident 19.07(5)(f), Froncia Statutes. I further dentity flat the information indicated on this report or supplemental report is true and accurate and thet my signature shall have the same legal effect as if made under cath; 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. 954-965-

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

Shanon

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