

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State



DOCUMENT # 600441

1. Entity Name
DR. PAUL T. RICHMAN, P.A.

Principal Place of Business Mailing Address
1045 N.E. 125TH STREET **1045 N.E. 125TH STREET**
NORTH MIAMI FL 33161-5804 **NORTH MIAMI FL 33161-5804**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1st MOORE CR2E034 (10/06)

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1224217** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHMAN, PAUL T
1045 N E 125TH ST
N MIAMI FL 33161

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD Delete
 NAME: RICHMAN, PAUL T
 STREET ADDRESS: 1045 N.E. 125TH ST.
 CITY-ST-ZIP: NORTH MIAMI FL

TITLE: Change Addition
 NAME: U00000610523
 STREET ADDRESS: 02/02/07-80025-014 150.00
 CITY-ST-ZIP:

TITLE: D Delete
 NAME: MEISTER, MALCOLM
 STREET ADDRESS: 3000 ISLAND BLVD 32704
 CITY-ST-ZIP: AVENTURA FL 33180

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dr. Paul T. Richman* **DR. PAUL T. RICHMAN** 1/25/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #