


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 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

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1224217 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHMAN, PAUL T
STREET ADDRESS	1045 N.E. 125TH ST.
CITY-ST-ZIP	NORTH MIAMI, FL
TITLE	D
NAME	MEISTER, MALCOLM
STREET ADDRESS	3000 ISLAND BLVD 32704
CITY-ST-ZIP	AVENTURA, FL 33180
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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 01/28/08-80052-025 150.00

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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: Dr. Paul T. Richman / DR. PAUL T. RICHMAN (305) 891-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 1/24/2008 the Phone #