


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 601146 1. Entity Name SERFER MEDICAL GROUP, INC. |  |
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| Principal Place of Business 6448 PEMBROKE ROAD HOLLYWOOD, FL 33023 | Mailing Address 6448 PEMBROKE ROAD HOLLYWOOD, FL 33023 |
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01312006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1264186 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SERFER, ERIC S 6448 PEMBROKE ROAD HOLLYWOOD, FL 33023 |
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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 accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O SERFER, HARRY M 6448 PEMBROKE RD HOLLYWOOD, FL 33023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SERFER, ERIC 6448 PEMBROKE RD. HOLLYWOOD, FL 33023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SERFER, GREGORY 6448 PEMBROKE RD HOLLYWOOD, FL 33023 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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02/22/06-00008-004 150.00

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IN THIS SPACE**

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: Eric Serfer **Eric Serfer** 2/10/06 (954) 989-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #