

2007

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 16, 2007 8:00 am  
Secretary of State

04-16-2007 90065 003 \*\*\*150.00

DOCUMENT # 601158 1. Entity Name
ELLIOT H KLORFEIN MD PA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1001 N OLIVE AVENUE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State WEST PALM BEACH, FL	City & State
Zip 33401-3599	Country
Zip	Country

4. FEI Number 59-1263819	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name ELLIOT H KLORFEIN	
Street Address (P.O. Box Number is Not Acceptable) 254 NORTH WOODS ROAD	
City PALM BEACH	FL Zip Code 33480

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOT H KLORFEIN 1001 N OLIVE AVE WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x Elliot H Klorfein* ELLIOT H KLORFEIN, PRESIDENT *3-12-07* (561) 659-4644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #