

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601265

FILED
Jan 05, 2006
Secretary of State

Entity Name: IRA JOEL ABRAMSON, M.D., P.A.

Current Principal Place of Business:

12900 NE 17TH AVENUE
SUITE 205
NO. MIAMI, FL 331812518 US

New Principal Place of Business:

Current Mailing Address:

2345 MAGNOLIA DR
NO. MIAMI, FL 331812224 US

New Mailing Address:

FEI Number: 59-1267759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAMSON,IRA JOEL
12900 NE 17TH AVENUE SUITE 205
NO. MIAMI, FL 331812518 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ABRAMSON,IRA JOEL, M, .D.
Address: 2345 MAGNOLIA DRIVE
City-St-Zip: NORTH MIAMI, FL 331812224 US

Title: VP () Delete
Name: ABRAMSON, IRA J MD
Address: 2345 MAGNOLIA DRIVE
City-St-Zip: NORTH MIAMI, FL 331812224 US

Title: D () Delete
Name: ABRAMSON, IRA J MD
Address: 2345 MAGNOLIA DRIVE
City-St-Zip: NORTH MIAMI, FL 331812224 US

Title: T () Delete
Name: ABRAMSON, IRA J MD
Address: 2345 MAGNOLIA DRIVE
City-St-Zip: NORTH MIAMI, FL 331812224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA JOEL ABRAMSON, M.D.

PSD

01/05/2006

Electronic Signature of Signing Officer or Director

_____ Date