


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 601380
 1. Entity Name
 DRS. TOBIN, ZWIBEL & APTMAN, P.A.



Principal Place of Business Mailing Address
 8940 N. KENDALL DR 8940 N. KENDALL DR.
 SUITE 802E SUITE 802E
 MIAMI, FL 33176 US MIAMI, FL 33176 US

DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1273902 Not Applicable

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

6. Name and Address of Current Registered Agent
 FIELDSTONE, RONALD
 201 ALHAMBRA CIRCLE
 #601
 CORAL GABLES, FL 33134

DO NOT WRITE 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

U00000768703
 07/13/07-80008-015 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	APTMAN, MICHAEL
STREET ADDRESS	8940 N. KENDALL DR., #802E
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	ST
NAME	ZWIBEL, HOWARD L
STREET ADDRESS	8940 N. KENDALL DR., #802E
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: *[Signature]* *Howard Zwibel MD* *305-595-4041*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #