


2008 FOR PROFIT CORPORATION ANNUAL REPORT

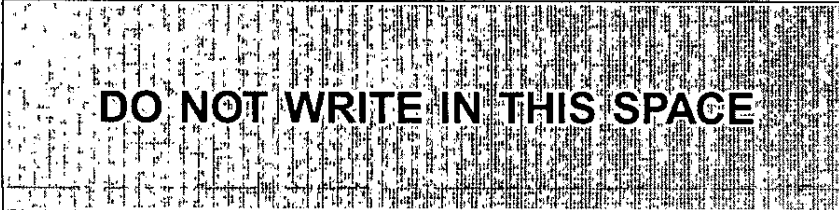
FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 601380

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



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



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1273902	Applied For 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



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.

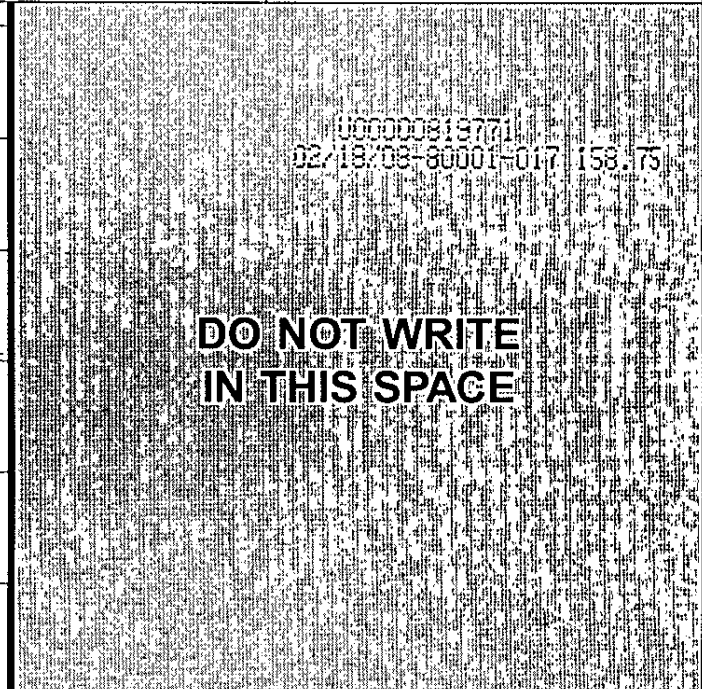
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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



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: X [Signature] Date: (305) 395-4041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR