## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 601696**

changed, or on an attachment with an address, with all other

SIGNATURE AND TYPED OF

SIGNATURE:

1. Entity Name DR. MELVYN N. ZOBLER, P.A.



FILED Apr 10, 2008 08:00 Al Secretary of State

Principal Place of Business

3705 NE SKYLINE DR JENSEN BEACH, FL 34957 Mailing Address

3705 NE SKYLINE DR JENSEN BCH, FL 34957

| S. Name and Address of Current Registered Agent  2. Centificate of Status Desired   \$8.75 Additional Fee Required  2. Control of Status Desired   \$8.75 Additional Fee Required  2. Control of Status Desired   \$8.75 Additional Fee Required  2. 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.  3. 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.  3. 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.  3. 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.  3. 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.  3. 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.  4. 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 Florida.  5. Centificate of Status Desired agent.  5. DO Not Walls Preserved agent.  5. Centificate of Status Desired agent.  6. The above named entity submits this statement for the purpose of changing its registered agent.  6. The above named entity submits this |  |                                    |                   |                              |                        |                        |                                       |
|--|--|------------------------------------|-------------------|------------------------------|------------------------|------------------------|---------------------------------------|
| S. Name and Address of Current Registered Agent  ZOBLER, MELVYN 3706 NE SKYLINE DR JENSEN BEACH, FL 34957  JENSEN BEACH, FL 34   | DO NOT WRITE IN THIS SPACE   |                                    |                   | 4. FEI Number 59-127         | er<br>5597             | \$8.75                 | Applied For Not Applicable Additional |
| IN THIS SPACE  1. 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, hydrod or pried remot inquested agent and rise 4 sponsors.  PILE NOWNIT FEE IS \$450.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  1.0. OFFICERS AND DIRECTORS  2.0. Submit Agents and the sponsors of | 6. Name and Address of Current Regis   | tered Agent                        |                   |                              |                        | 100110                 | danoa                                 |
| BIGNATURE Species, bytest or private p   | 3705 NE SKYLINE DR   |                                    |                   |                              |                        |                        |                                       |
| FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$350.00  OFFICERS AND DIRECTORS  DO NOT WRITE  INC.  PS ZOBLER, MELLYNN N 3705 NE SKYLINE DR JENSEN BEACH, FL 34957  INC.  WWW. STRET ADDRESS ZITY-ST-2P  INC.  WW. STRET ADDRESS ZITY-ST-2P | the obligations of registered agent.   |                                    |                   |                              | th, in the State of Fl |                        | with, and accept                      |
| After May 1, 2008 Fee will be \$350.00  Trust Fund Contribution. Added to Fees  IDADDDDSSA117  IDADDDSSA117  IDADDDDSSA117  IDADDDSSA117  IDADDDDSSA117  IDAD  | Signeture, typed or printed name of registered agent and title                         | r applicable (NOTE Regulterer      | 3 Agent aigneture | s rectared when re-natating) |                        | DATE                   |                                       |
| INTE WAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRE   | FILE NOWIII FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00                  |                                    |                   |                              | _ , , , ,              |                        | .=                                    |
| ZOBLER, MELVYN N 3705 NE SKYLINE DR JENSEN BEACH, FL 34957  THE MANE STREET ADDRESS STRET ADDRESS ST   |  | CTORS                              |                   |                              | 04722708               | -80084-005             | 120100                                |
| DO NOT WRITE IN THIS SPACE  STREET ADDRESS CITY-ST-ZIP  TILE WAME STREET ADDRESS CITY-ST-ZIP   | ZOBLER, MELVYN N 3705 NE SKYLINE DR JENSEN BEACH, FL 34957  DITLE  VAME STREET ADDRESS |                                    |                   |                              |                        |                        |                                       |
| TITLE  AME STREET ADDRESS CITY-ST-ZIP  TITLE  AME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS   | VAME STREET ADORESS CITY-ST-ZIP RILE AAME STREET ADORESS                               |                                    |                   | _ <del>-</del>               | <del>-</del>           |                        |                                       |
| CITY-SI- AP  | TITLE  AMME STREET ADDRESS CITY-ST-ZIP  TITLE  AAME                                    |                                    |                   |                              |                        |                        |                                       |
| 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.  | CITY-ST-ZIP  | iling does not qualify for the exe | emptions con      | ntained in Chapter 119       | ), Florida Statutes.   | I further certify that | the information                       |