

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602175

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: SOL COLSKY M.D. P.A.

## Current Principal Place of Business:

10661 NORTH KENDALL DRIVE  
SUITE 105  
MIAMI, FL 33176

## New Principal Place of Business:

7480 S.W. 104 STREET  
MIAMI, FL 33156

## Current Mailing Address:

10661 NORTH KENDALL DRIVE  
SUITE 105  
MIAMI, FL 33176

## New Mailing Address:

7480 S.W. 104 STREET  
MIAMI, FL 33156

FEI Number: 59-1296260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLSKY, SOL  
10661 NORTH KENDALL DRIVE - SUITE 105  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

COLSKY, SOL  
7480 S.W. 104 STREET  
MIAMI, FL 33156 US

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:

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLSKY, SOL,  
Address: 10661 N KENDAL DR #105  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: COLSKY, SOL,  
Address: 7480 S.W. 104 STREET  
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify 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: SOL COLSKY

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date