2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # 603715 1. Entity Name RICHARD S. GREENBAUM, PH.D., P.A.						04-02-2007	90009 040	13"	0.00
Principal Place of Business 1800 NETT457 //75 N.E. 1909 NIAMI, FL 33181 US / 35 M.E. 2. Principal Place of Business - No P.O. Box #		Mailing Address 1/75 N.E. 1800 NE 114 ST. 125 ST. #909 MIAMI, FL 33181 R. MIAMI			20008035				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252007	Chg-P	CR2E034	(12/06)		
City & State		City & State		4. FEI Numbe 59-1416			 	plied For t Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	Fee	.75 Add Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent Name				
GREENBAUM, RICHARD 1800 N.E. 114TH STREET 1175 N.E. 125 NE. 12				Street Addres	dress (P.O. Box Number is Not Acceptable)				
# 000 MIAMI, FL	NO HIAM	1 FL 3316	. /					<u>,</u>	
			•	City			FL	Zip Code	9
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 Signature, typed or printed name of registered agent and little it applicable. (NOTE: Registered Agent aignature required when reinstating) DATE									
					\$5.00 May Be Added to Fees			•	
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	GREENBAUM, RICHARD 1800 NE TIATH STREET, #909 //75 N. F. NORTH MIAMI, FL 33/6/ /25 D.T.						L] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST	175 N Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREENBAUM MARILYN K 1800 NE 1 ST #909 MAMI, FJ 33181	Delete) Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				Change	Addition

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.

3aS-891- 4821 Daytime Phone #