

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 604191
 1. Entity Name
 IRVING S. KOLIN, M.D., P.A.



Principal Place of Business: 1065 WEST MORSE BLVD. STE. 202 WINTER PARK, FL 32789 US
 Mailing Address: 1065 WEST MORSE BLVD. STE. 202 WINTER PARK, FL 32789 US

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-1449973
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOLIN, IRVING S., M.D.
 1065 WEST MORSE BLVD.
 ORLANDO, FL 32789

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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 re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PT KOLIN, IRVING S., M.D. 225 TRISMEN TERRACE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOLIN, IRVING S., M.D. 225 TRISMEN TERRACE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOLIN, ROCHELLE 225 TRISMER TERRACE WINTER PARK, FL
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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: *Irving S. Kolin* 25 April 2007 407 644 1122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #