2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# 631670

Entity Name: GREENE, JACOBSON, BAUM & PALUMBO, M.D., P.A.

Current Principal Place of Business:

5210 LINTON BLVD
103
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5210 LINTON BLVD
103
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 59-1935343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, LAURIE
1500 N.W. 10TH AVE., STE 101
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GREENE, JONATHAN MD
Address: 5210 LINTON BLVD., SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP ( ) Delete
Name: JACOBSON, SAMUEL MD
Address: 5210 LINTON BLVD., SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

Title: S ( ) Delete
Name: PALUMBO, RALPH MD
Address: 5210 LINTON BLVD., SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

Title: T ( ) Delete
Name: BAUM, DEBORAH MD
Address: 5210 LINTON BLVD., SUITE 103
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN I GREENE MD P 01/08/2007

Electronic Signature of Signing Officer or Director — Date