


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90007 006 ***150.00

DOCUMENT # 632004 1. Entity Name NORMAN WIESENTHAL, M.D., P.A.					
Principal Place of Business 4440 SHERIDAN STREET HOLLYWOOD, FL 33021				Mailing Address 4440 SHERIDAN STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 5030 Champion Blvd Suite, Apt. #, etc. STE G16#300 City & State Boca Raton, FL Zip 33496 Country USA		3. Mailing Address 5030 Champion Blvd Suite, Apt. #, etc. STE G16#300 City & State Boca Raton, FL Zip 33496 Country USA		02112008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-1932406				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIESENTHAL, NORMAN (DR.) 4440 SHERIDAN STREET HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Wiesenthal, Norman (DR) Street Address (P.O. Box Number is Not Acceptable) 5030 CHAMPION BLVD STE G16-300 City Boca Raton FL Zip Code 33496		
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: <i>Norman Wiesenthal</i> (NORMAN WIESENTHAL, M.D.) 2/23/08 <small>Signature, name of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIESENTHAL, NORMAN 4440 SHERIDAN ST. HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIESENTHAL, Norman 5030 CHAMPION BLVD, SUITE G16-300 Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ZUCKER, FLORENCE 4440 SHERIDAN ST. HOLLYWOOD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Zucker, Florence 5030 CHAMPION BLVD, SUITE G16-300 Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Norman Wiesenthal</i> (NORMAN WIESENTHAL, M.D.) 2/23/08 (954)655-4815 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					