


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jul 18, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # 682875</b>	
1. Entity Name MORTON E. FREIMAN, M.D., P.A.	

Principal Place of Business 1 N.E. 168TH ST. N MIAMI BEACH, FL 33162	Mailing Address 1 N.E. 168TH ST. N MIAMI BEACH, FL 33162
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**DO NOT WRITE IN THIS SPACE**

07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2028775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

5. Name and Address of Current Registered Agent

FREIMAN, MORTON E  
1340 NE 174TH STREET  
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREIMAN, MORTON E
STREET ADDRESS	1340 NE 174TH STREET
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000769328  
07/18/07-80001-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Morton E. Freiman* 7/12/07 (305) 651-0909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #