2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 690001

Entity Name: FRED L. SIMON, M.D., P.A.

FILED Jul 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE 102	NGRESS AVE RTH, FL 3346					
Current M	ailing Addres	s:	New	New Mailing Address:		
P.O. BOX 20689 WEST PALM BEACH, FL 33416			SUIT	4665 S CONGRESS AVE SUITE 102 LAKE WORTH, FL 33461		
FEI Number:	59-2099235	FEI Number Applied For ()	FEI Number N	ot Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	RED L MD AN ROAD WE RK SHORES,					
The above in the State		submits this statement for the	e purpose of char	ging its registe	ered office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did Trust Fund Contribution().	not receive the price	r notice.		
	S AND DIREC	• • • • • • • • • • • • • • • • • • • •	ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () SIMON, FRED 1883 INDIAN R W PALM BEAC	OAD WEST	Title: Name Addre: Citv-S	ss:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: FRED L SIMON DR 07/24/2009