

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90185 008 ****70.00

DOCUMENT # 738187

1. Entity Name
EMERALD HILLS PROFESSIONAL PARK, INC.



Principal Place of Business
**C/O HERBERT L SHICK, MD
4700 SHERIDIAN ST., SUITE D
HOLLYWOOD, FL 33021**

Mailing Address
**C/O HERBERT L SHICK, MD
4700 SHERIDIAN ST., SUITE D
HOLLYWOOD, FL 33021**

40064010



03092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1775190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHICK, HERBERT MD
C/O HERBERT L SHICK, MD
4700 SHERIDIAN ST., SUITE D
HOLLYWOOD, FL 33021**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	VTD
NAME	KOCH, JEFFREY OPA
STREET ADDRESS	4700 SHERIDIAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD
NAME	SHICK, HERBERT L MD
STREET ADDRESS	4700 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	SD KAHN
NAME	KAHAN, CHARLES
STREET ADDRESS	4700 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VTD
NAME	SCHOENFELD, WAYNE
STREET ADDRESS	4700 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with my consent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HERBERT L. SHICK, M.D. APR 17 2006

954-962-4700