

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90036 023 ****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	
2. Principal Place of Business - No P.O. Box # 4700 SHERIDIAN STREET Suite, Apt. #, etc.		3. Mailing Address 4251 MANORUM COURT Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL	
Zip 33021		Zip 33021	
Country USA		Country USA	
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		7. Name and Address of New Registered Agent Name SHICK, HERBERT MD Street Address (P.O. Box Number is Not Acceptable) 4251 MANORUM COURT City HOLLYWOOD FL 33021	
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 <u><i>Herbert L. Shick, MD</i></u> HERBERT L. SHICK, MD JANUARY 4, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHICK, HERBERT L MD 4700 SHERIDAN ST HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHICK, HERBERT L MD 4251 MANORUM COURT HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHAN, CHARLES 4700 SHERIDAN ST HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHAN, CHARLES, MD 4700 SHERIDAN STREET, SUITE C HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHOENFELD, WAYNE 4700 SHERIDAN ST HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHOENFELD, WAYNE, MD 4700 SHERIDAN STREET, SUITE F HOLLYWOOD, FL 33021
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 617, 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: <u><i>Herbert L. Shick, MD</i></u> HERBERT L. SHICK, MD 01/04/2008 954-962-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			