

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738187

FILED
Apr 26, 2009
Secretary of State

Entity Name: EMERALD HILLS PROFESSIONAL PARK, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O HERBERT L SHICK, MD
3800-C JOHNSON STREET
HOLLYWOOD, FL 33021

FEI Number: 59-1775190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHICK, HERBERT MD
C/O HERBERT L SHICK, MD
4251 MANGRUM CT
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHICK, HERBERT L MD
Address: 4251 MAGNUM CT
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: KAHAN, CHARLES
Address: 4700 SHERIDON ST STE C
City-St-Zip: HOLLYWOOD, FL 33021

Title: VTD () Delete
Name: SCHOENFELD, WAYNE
Address: 4700 SHERIDAN ST STE C
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: KAHN, CHARLES
Address: 4700 SHERIDON ST STE C
City-St-Zip: HOLLYWOOD, FL 33021

Title: VTD (X) Change () Addition
Name: SCHOENFELD, WAYNE
Address: 4700 SHERIDAN ST STE F
City-St-Zip: HOLLYWOOD, FL 33021

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT L. SHICK, MD

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date