

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90172 044 ***158.75

DOCUMENT # F00000001739

1. Entity Name
GMP COMPANIES, INC.



Principal Place of Business
**ONE EAST BROWARD BLVD., SUITE 1701
FORT LAUDERDALE, FL 33301**

Mailing Address
**ONE EAST BROWARD BLVD., SUITE 1701
FORT LAUDERDALE, FL 33301**

40054007



02222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2466899

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RANEY, JEFFREY L
ONE EAST BROWARD BLVD., SUITE 1701
FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **CHERNOW, BART M.D.**
STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **TCFO** ☒ Delete
NAME **WEIS, HOLGER**
STREET ADDRESS **ONE EAST BROWARD BLVD STE., #1701**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **S** ☐ Delete
NAME **RANEY, JEFFREY L J.D.**
STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Delete
NAME **WILLIAMS, JAMES B**
STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **D** ☐ Delete
NAME **BROWN, CHARLES L III.**
STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **DC** ☐ Delete
NAME **HUNTZ, JOHN J**
STREET ADDRESS **ONE EAST BROWARD BLVD., SUITE 1701**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **Brown, Charles L III M.D.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 954-745-3510
Date Daytime Phone #

ATTACHMENT

40054007

#F00000001737

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> CHANGE
NAME	SHELLEY A. HARTMAN	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> CHANGE
NAME	FLEISHER, MARTIN, PH.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> CHANGE
NAME	FOLKMAN, M. JUDAH, M.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> CHANGE
NAME	HOLTZBERG, WARREN	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> CHANGE
NAME	JOHNSON, B. KRISTINE	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> CHANGE
NAME	KING, SPENCER B. III, M.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> CHANGE
NAME	OESTERLE, STEPHEN N., M.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> CHANGE
NAME	PRENDERGAST, FRANKLYN G. M.D., PH.D.	
STREET ADDRESS	ONE EAST BROWARD BLVD., SUITE 1701	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	