

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003045

FILED
Jan 18, 2007
Secretary of State

Entity Name: FLORIDA MEDICAL SPECIALISTS, INC.

Current Principal Place of Business:

1700 N.W. 66TH AVENUE
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

9 GRAND COVE WAY
EDGEWATER, NJ 07020

New Mailing Address:

FEI Number: 65-0149635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CID, NIVRKA
1700 N.W. 66TH AVENUE
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

KAPLAN, SUSAN
1700 N.W. 66TH AVENUE
SUITE 101
PLANTATION, FL 33313 US

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: SUSAN KAPLAN

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PRINCIPATO, LISA
Address: 9 BRUSH HILL ROAD
City-St-Zip: NEW FAIRFIELD, CT 06812

Title: DP () Delete
Name: CID, NIVRKA
Address: 1247 SW 87 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: DS (X) Delete
Name: KIPLAN, SUSAN
Address: 9 GRAND COVE WAY
City-St-Zip: EDGEWATER, NJ 07020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: PRINCIPATO, LISA
Address: 2 EXECUTIVE DRIVE SUITE 785
City-St-Zip: FORT LEE, NJ 07024

Title: DS (X) Change () Addition
Name: KAPLAN, SUSAN
Address: 9 GRAND COVE WAY
City-St-Zip: EDGEWATER, NJ 07020

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN KAPLAN

DS

01/18/2007

Electronic Signature of Signing Officer or Director

Date