

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003045

FILED  
Feb 17, 2009  
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:**

2 EXECUTIVE DRIVE  
FORT LEE, NJ 07034

**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:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS (X) Change ( ) Addition  
Name: KAPLAN, SUSAN  
Address: 1551 N. FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33401

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 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

02/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date