2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# F90035

Entity Name: ALAN J. SACKIN, M.D., P.A.

Current Principal Place of Business:

7421 N. UNIVERSITY DRIVE, SUITE 206
TAMARAC, FL 33321

New Principal Place of Business:

7421 N. UNIVERSITY DRIVE
SUITE 210
TAMARAC, FL 33321 US

Current Mailing Address:

7421 N. UNIVERSITY DRIVE, SUITE 206
TAMARAC, FL 33321

New Mailing Address:

7421 N. UNIVERSITY DRIVE
SUITE 210
TAMARAC, FL 33321 US

FEI Number: 59-2207904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINSTENI, JOEL ESQ.
500 E. BROWARD BLVD. #1350
FT. LAUDERDALE, FL 333940076 US

Name and Address of New Registered Agent:

COMITER & SINGER
3801 PGA BOULEVARD
SUITE 604
PALM BEACH GARDENS, FL, FL 33410 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: MICHAEL S. SINGER 04/17/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SACKIN, ALAN J MD,
Address: 7421 N. UNIVERSITY, #206
City-St-Zip: TAMARAC, FL

Title: ST (X) Delete
Name: SACKIN, ALAN,
Address: 7421 N. UNIVERSITY, #206
City-St-Zip: TAMARAC. FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SACKIN, ALAN J MD
Address: 7421 N. UNIVERSITY, #210
City-St-Zip: TAMARAC, FL 33321 US

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: ALAN J. SACKIN, M.D. DR 04/17/2006
Electronic Signature of Signing Officer or Director Date