

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90197 021 ***150.00

DOCUMENT # F94000004799
 1. Entity Name
PROFESSIONAL CENTER OF SOUTH FLORIDA, INC.



Principal Place of Business: **1380 NE MIAMI GARDENS DR # 130 NORTH MIAMI BEACH FL 33179**
 Mailing Address: **1835 NE MIAMI GARDENS DR #144 NORTH MIAMI BEACH FL 33179**



2. Principal Place of Business: **1380 NE Miami Gardens Dr.**
 Suite, Apt. #, etc.: **240**

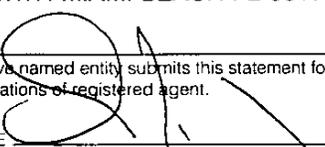
3. Mailing Address: **North Miami Beach FL**
 City & State: **North Miami Beach FL**
 Zip: **33179** Country: **USA**

4. FEI Number: **59-2262709** Applied For:
 Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
FRAYND, PAUL
1380 NE MIAMI GARDENS DR
130
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent
 Name: **Fraynd Paul**
 Street Address (P.O. Box Number is Not Acceptable): **1380 NE Miami Gardens Drive**
Suite 240
 City: **North Miami Beach FL** Zip Code: **33179**

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:  **P.O.A.** DATE: **4/26/06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

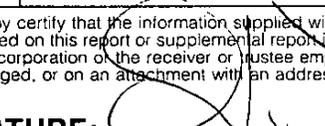
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FRAYND, PAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS DR. # 130	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRAYND, FANNY	
STREET ADDRESS	1380 NE MIAMI GARDENS DR. # 130	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRAYND, SAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS DR. # 130	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, PAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS Drive #240	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, FANNY	
STREET ADDRESS	1380 NE MIAMI GARDENS Drive #240	
CITY-ST-ZIP	North Miami Beach FL 33179	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAYND, SAUL	
STREET ADDRESS	1380 NE MIAMI GARDENS Drive #240	
CITY-ST-ZIP	North Miami Beach, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:  **P.O.A.** DATE: **4/26/06** DAYTIME PHONE #: **305-354-7519**