

# 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

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

North Miami Beach FL

City & State

Zip

33179

Country

USA

Zip

Country

4. FEI Number

59-2262709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P.O.A.

4/26/06

305-354-7519