

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2009
Secretary of State**

DOCUMENT# F94000004799

Entity Name: PROFESSIONAL CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1835 N.E. MIAMI GARDENS DRIVE
144
NORTH MIAMI BEACH, FL 33179 US

New Principal Place of Business:

Current Mailing Address:

1835 NE MIAMI GARDENS DR
144
NORTH MIAMI BEACH, FL 33179 US

New Mailing Address:

1835 N.E. MIAMI GARDENS DRIVE
144
NORTH MIAMI BEACH, FL 33179 US

FEI Number: 59-2262709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHAR, BRIAN S ESQ.
2999 N.E. 191ST STREET
5TH FLOOR
AVENTURA, FL 33180 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FRAYND, FANNY
Address: 1835 N.E. MIAMI GARDENS DRIVE, # 144
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: S () Delete
Name: FRAYND, SAUL
Address: 1835 N.E. MIAMI GARDENS DRIVE, # 144
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: P () Delete
Name: FRAYND, MARCOS
Address: 1835 N.E. MIAMI GARDENS DRIVE, # 144
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MGR () Change (X) Addition
Name: FRAYND, PAUL
Address: 1835 N.E. MIAMI GARDENS DRIVE, # 144
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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: SAUL FRAYND

S

05/01/2009

Electronic Signature of Signing Officer or Director

Date