2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# F98000006668

Entity Name: PERRY HOOKMAN, M.D., P.A.

Current Principal Place of Business:

5607 N.W. 26TH TERRACE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

4550 MONTGOMERY AVENUE
SUITE 775N
BETHESDA, MD 20814 US

New Mailing Address:

FEI Number: 52-0915376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOKMAN, PERRY MD
5607 NW 26TH TERR
BOCA RATON, FL 33496 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: DP ( ) Delete
Name: HOOKMAN, PERRY MD
Address: 5607 N.W. 26TH TERRACE
City-St-Zip: BOCA RATON, FL 33496

Title: ST ( ) Delete
Name: HOOKMAN, SUSAN
Address: 5607 N.W. 26TH TERRACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PERRY HOOKMAN, M.D. PRES 01/15/2009
Electronic Signature of Signing Officer or Director Date