

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # G02251

1. Entity Name
JAIMY H. BENSIMON, M.D., P.A.

Principal Place of Business 1501 PRESIDENTIAL WAY SUITE 5 WEST PALM BEACH FL 33401	Mailing Address 1501 PRESIDENTIAL WAY SUITE 5 WEST PALM BEACH FL 33401
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1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2349442	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BENSIMON, JAIMY H. 1501 PRESIDENTIAL WAY SUITE 5 WEST PALM BEACH FL 33401		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating.)

UD0000595466
01/23/07-80040-025 150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENSIMON, JAIMY H DR.,			NAME			
STREET ADDRESS	1501 PRESIDENTIAL WAY			STREET ADDRESS			
CITY- ST- ZIP	WEST PALM BEACH FL 33401			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 another like empowered.

SIGNATURE: _____

Date: 1/18/07 (561) 686 8200
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR