


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90328 049 \*\*\*150.00

|  |   |   |   |   |          |
|--|---|---|---|---|----------|
| <b>DOCUMENT # G14147</b><br>1. Entity Name<br><b>DR. STUART M. HIRSCH, D.M.D, P.A.</b>   |   |   |   |  |          |
| Principal Place of Business<br><b>7305 W. SAMPLE ROAD<br/>CORAL SPRINGS, FL 33065</b>  |   |   | Mailing Address<br><b>701 BRICKELL AVE SUITE 3000<br/>MIAMI, FL 33131</b> |   |          |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |          |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |          |
| City & State   |   | City & State  |   |   |          |
| Zip  | Country   | Zip   | Country   |   |          |
| 03152006   |   | Chg-P   |   | CR2E034 (11/05)   |          |
| 4. FEI Number<br><b>59-2298893</b>   |   |   |   | Applied For<br>Not Applicable   |          |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | <b>\$8.75</b> Additional Fee Required   |          |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent                               |   |          |
| INTRASTATE REGISTERED AGENT CORPORATION<br>701 BRICKELL AVE., STE. 3000<br>MIAMI, FL 33131   |   |   | Name  |   |          |
|  |   |   | Street Address (P.O. Box Number is Not Acceptable)                        |   |          |
|  |   |   | City  |   |          |
|  |   |   | <b>FL</b>   |   | 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) DATE _____  |   |   |   |   |          |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |          |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |   |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>HIRSCH, STUART<br>7305 W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VS<br>HIRSCH, STUART<br>7305 W. SAMPLE RD.<br>CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Stuart M. Hirsch DMD</u> 4-6-06  |   |   |   |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |   |   |   |   |          |