2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 08:00 AM DOCUMENT # G27048 **Secretary of State** MADELYN B. LIPMAN M.D. P.A. Principal Place of Business Mailing Address 7301 NORTH UNIVERSITY DRIVE 7301 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321 TAMARAC, FL 33321 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2266210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent LIPMAN, KENNETH W. DO NOT WRITE 5355 TOWN CENTER RD., STE. 801 BOCA RATON, FL 33432 IN THIS SPACE 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 reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 1D. PSD TITLE LIPMAN, MADELYN B. NAME STREET ADDRESS 3643 PRINCETON PLACE CITY-ST-ZIP BOCA RATON, FL TITLE , . . NAME LIPMAN, KENNETH W. HIII III UU 385824 3643 PRINCETON PLACE STREET ADDRESS 01/19/U6-800Ī3-019 150.00 CITY-ST-ZIP BOCA RATON, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CUTY-ST-ZIP 11712 NAME STREET ADDRESS CHY-ST-ZIP πιŒ NAME STREET ADDRESS Ctty-ST-2IP

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 cath; 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 that has address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED BY PRINTED NAME BY SIGNING OFFICER OR DIRECTOR

1/12/06 9547262000

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