

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47713

FILED
Apr 15, 2007
Secretary of State

Entity Name: FINDER & MASEL, M.D., P.A.

Current Principal Place of Business:

FINDER & MASEL MD PA
1150 N 35TH AVE, #200
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

FINDER & MASEL MD PA
1150 N 35TH AVE, #200
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-2297040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINDER, RICHARD J., M.D.
1150 N. 35 AVE. SUITE 200
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

MASEL, JONATHAN L M.D.
1150 N. 35 AVE.
SUITE 200
HOLLYWOOD, FL 33021 US

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: JONATHAN L. MASEL, M.D.

04/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FINDER, RICHARD J.,
Address: 1150 N 35TH AVE, #200
City-St-Zip: HOLLYWOOD, FL

Title: VP (X) Delete
Name: MASEL, JONATHAN L
Address: 1150 N 35TH AVE #200
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASEL, JONATHAN L M.D.
Address: 1150 N 35TH AVE, #200
City-St-Zip: HOLLYWOOD, FL 33021 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN L. MASEL, M.D.

PD

04/15/2007

Electronic Signature of Signing Officer or Director

Date