

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G55534**

1. Entity Name  
**FAMILY PRACTICE ASSOCIATES OF PALM BEACH AND  
MARTIN COUNTIES, P.A.**



Principal Place of Business

**411 W INDIANTOWN RD  
JUPITER, FL 33458 US**

Mailing Address

**210 JUPITER LKS BLVD  
BLDG 4000 - 101  
JUPITER, FL 33458 US**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2331244**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SUROWITZ, RONALD, D.O., P.A.  
411 INDIANTOWN RD.  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SUROWITZ, RONALD
STREET ADDRESS	411 INDIANTOWN RD.
CITY-ST-ZIP	JUPITER, FL
TITLE	TD
NAME	SUROWITZ, RONALD
STREET ADDRESS	411 INDIANTOWN RD.
CITY-ST-ZIP	JUPITER, FL
TITLE	V
NAME	SUROWITE, DIANE
STREET ADDRESS	411 W INDIANTOWN RD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	S
NAME	SUROWITZ, DOUGLAS
STREET ADDRESS	411 W INDIANTOWN RD
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80052-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

561-746-7826

Daytime Phone #