2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2007 08:00 AM DOCUMENT # G78693 **Secretary of State** 1. Entity Name MOSHE R. PERESS, M.D., P.A. Principal Place of Business Mailing Address 875 MEADOW ROAD SUITE 334 875 MEADOW ROAD SUITE 334 **BOCA RATON FL 33486** BOCA RATON FL 33486 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 59-2383136 Not Applicable Ζφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERESS, MOSHE R DR. Street Address (P.O. Box Number is Not Acceptable) 875 MEADOW ROAD SUITE 334 **BOCA RATON FL 33486** 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 agont and title? applicable. FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mu ☐ Defete THE ☐ Change ☐ Addition PERESS, MOSHE R M.D. NAME NAME 875 MEADOW ROAD SUITE 334 STREET ADDRESS. SIBLET ADDRESS U00000628644 02/16/07-80025-**BOCA RATON FL 33486** CITY - ST - 700 CITY ST ZIP IIILE ☐ Delete NAME NAME STREET ADDRESS SINEEL ADDRESS city-SI 7th CITY ST 709 HILE عزياون 🔲 une. Chaire Mattin Mark NAM MAM STREET ADDRESS SIBILET ADDRESS CITY-SI 7IP CHY ST-7/2 THE nru ☐ Delete Addition ☐ Change NAME SHREET ADDRESS SHILL LADDRESS CITY ST ZIP CHY SI-7P HILL Delete Ittif Change Change ☐ Additio NAME STREET ADDRESS SIREE I ADDRESS CITY ST-ZIP CHY-ST-ZIP 11111 DDF ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY - ST - ZIP

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12. I horeby certify that the information supplied with this filing does not quality 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 eath; 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:

2/6/07

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