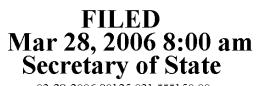
2006 FOR PROFIT CORPORATION

ANNUAL REPORT



1. Entity Name RUSS TANNENBAUM D.C., P.A.						03-28-2006	_		
Principal Plac	ce of Business	Mailing Address							
7924 PINES PEMBROKE	BLVD PINES, FL 33024	7924 PINES BLVD PEMBROKE PINES, FL 33	7924 PINES BLVD PEMBROKE PINES, FL 33024						
Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03182006	Chg-P	ng-P CR2E034 (11/05)		
City & State		City & State	City & State		4. FEI Number 59-2422287			—	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current F	Registered Agent		-	7. Name and	Address of New R	Registered A	gent	
TANNENBAUM, RUSS, D.C.				Name					
7924 PINES BLVD PEMBROKE PINES, FL 33024			Street	Street Address (P.O. Box Number is Not Acceptable)					
			City					Zip Cod	
							FL	<u> </u>	
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 Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) DATE									
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	Selection Campaign Trust Fund Contrib		\$5. D Add	00 May Be ed to Fees				
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO OFF		_	
NAME STREET ADDRESS CITY-ST-ZEP	PVS TANNENBAUM, RUSS, D.C. 7924 PINES BLVD HOLLYWOOD, FL 33024	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TANNENBAUM, RUSS, D.C. 7924 PINES BLVD HOLLYWOOD, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP					☐ Change	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: SIGNATURE SIGNATURE SIGNATURE DATE OF SIGNING OFFICER OR DIRECTOR Date Despire Phone #									