



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # H10887 1. Entity Name VLADIMIR EINISMAN, M.D., P.A.			07052005 No Chg-P CR2E034 (10/03)	
Principal Place of Business 2750 BAHIA VISTA STREET STE 135 SARASOTA, FL 34239		Mailing Address 2750 BAHIA VISTA STREET STE 135 SARASOTA, FL 34239		
DO NOT WRITE IN THIS SPACE			 4. FEI Number 59-2425830	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable	
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EINISMAN, VLADIMIR MD 2750 BAHIA VISTA STREET STE 135 SARASOTA, FL 34239				
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 both, in the State of Florida I am familiar with, and accept the obligations of registered agent				
SIGNATURE: <u><i>[Signature]</i></u> 7/19/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P EINISMAN, VLADIMIR 2750 BAHIA VISTA ST STE 135 SARASOTA, FL 34239			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> 7/19/05 941-3649635 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				