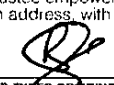


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90045 017 ***150.00

DOCUMENT # H13515 1. Entity Name STEINGO & KISHNER, M.D., P.A.			
Principal Place of Business 5757 N DIXIE HWY FT. LAUDERDALE, FL 33334 US		Mailing Address 5757 N DIXIE HWY FT. LAUDERDALE, FL 33334 US	
2. Principal Place of Business 572 E. McNab Rd		3. Mailing Address 572 E. McNab Rd	
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33060	Country usa	Zip 33060	Country usa
4. FEI Number 59-2429295		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KISHNER, RICHARD, M.D. 5757 N DIXIE HWY FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Richard Kishner MD Street Address (P.O. Box Numbers Not Acceptable) 572 E. McNab Rd, 2nd Floor City Pompano Beach, FL Zip Code 33060	
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 reconstituting) DATE:			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STEINGO, BRIAN, M.D. 5757 N DIXIE HWY FT. LAUDERDALE, FL 33334	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KISHNER, RICHARD, M.D. 5757 N DIXIE HWY FT. LAUDERDALE, FL 33334	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. If 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 exemption.			
SIGNATURE:  B. Steingo		Date: 7/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 7/14/05	