

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46841

FILED
Mar 11, 2009
Secretary of State

Entity Name: PRIME MEDICAL OAKLAND PARK, INC.

Current Principal Place of Business:

3101 NE 164TH STREET
NORTH MIAMI BEACH, FL 33160

New Principal Place of Business:

4055 NORTH ANDREWS AVE
OAKLAND PARK, FL 33309

Current Mailing Address:

3101 NE 164TH STREET
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

3101 NE 164TH STREET
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 59-2778865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHAR, LEON MD
3101 NE 164 STREET
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEHAR, LEON,
Address: 4055 N ANDREWS AVE
City-St-Zip: OAKLAND PK, FL

Title: TD () Delete
Name: BEHAR, LEON,
Address: 4055 N. ANDREWS AVE.
City-St-Zip: OAKLAND PARK, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEHAR, LEON,
Address: 4055 N ANDREWS AVE
City-St-Zip: OAKLAND PK, FL 33309 US

Title: TD (X) Change () Addition
Name: BEHAR, LEON,
Address: 4055 N. ANDREWS AVE.
City-St-Zip: OAKLAND PARK, FL 33309 US

Title: SD () Change (X) Addition
Name: BEHAR, RITA,
Address: 4055 NORTH ANDREWS AVENUE
City-St-Zip: OAKLAND PARK, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON BEHAR

PD

03/11/2009

Electronic Signature of Signing Officer or Director

Date