


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90075 047 ***150.00

DOCUMENT # J68465 1. Entity Name WOLFSDORF, RASZYNSKI & SUSSMANE, M.D., P.A.	
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Principal Place of Business % MIAMI CHILDREN'S HOSPITAL 3100 SW 62ND AVE MIAMI, FL 33155 US	Mailing Address % MIAMI CHILDREN'S HOSPITAL 3100 SW 62ND AVE MIAMI, FL 33155 US
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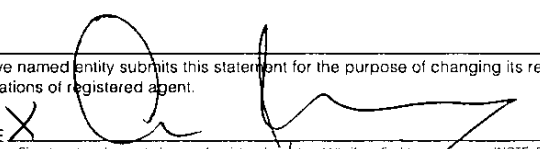
DO NOT WRITE IN THIS SPACE



06122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2821163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

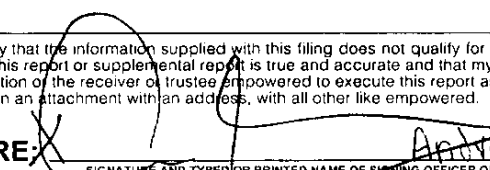
6. Name and Address of Current Registered Agent RASZYNSKI MD, ANDRE 3100 SW 62ND AVE MIAMI, FL 33155	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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8. The above named entity submits this statement 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  <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALAGANAGAD, TOTAPALLY H 3100 SW 62ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RASZYNSKI, ANDRE 3100 SW 62ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SUSSMANE, JEFFREY B 3100 SW 62ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date (305) 662-2639