


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # J68465</b><br>1. Entity Name<br><b>WOLFSDORF, RASZYNSKI &amp; SUSSMANE, M.D., P.A.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>% MIAMI CHILDREN'S HOSPITAL<br/>3100 SW 62ND AVE<br/>MIAMI, FL 33155 US</b> | Mailing Address<br><b>% MIAMI CHILDREN'S HOSPITAL<br/>3100 SW 62ND AVE<br/>MIAMI, FL 33155 US</b> |
|---|---|



01082008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
  
**RASZYNSKI MD, ANDRE  
3100 SW 62ND AVE  
MIAMI, FL 33155**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | <b>000000798430<br/>01/30/08-90027-018 150.00</b> |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>BALAGANAGAD, TOTAPALLY H<br/>3100 SW 62ND AVE<br/>MIAMI, FL 33155</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>RASZYNSKI, ANDRE<br/>3100 SW 62ND AVE<br/>MIAMI, FL 33155</b>        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPT<br/>SUSSMANE, JEFFREY B<br/>3100 SW 62ND AVE<br/>MIAMI, FL 33155</b>    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **Andre Raszynski, MD** **1/16/08** **305 662-2639**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #