


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J80466

1. Entity Name
MITCHELL POLLAK, M.D., P.A.



Principal Place of Business
8100 ROYAL PALM BLVD. 105
CORAL SPRINGS, FL 33065

Mailing Address
8100 ROYAL PALM BLVD. 105
CORAL SPRINGS, FL 33065



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0002758

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD, FL 33021

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	POLLAK, MITCHELL
STREET ADDRESS	8100 ROYAL PALM BLVD.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	POLLAK, MITCHELL
STREET ADDRESS	8100 ROYAL PALM BLVD.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	S
NAME	POLLAK, MITCHELL
STREET ADDRESS	8100 ROYAL PALM BLVD
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/06-80092-006 150.00

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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 whether like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____