2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2005 08:00 AM Secretary of State

| DOCUMENT # K08749 LAWID HASKIN, M.D., P.A. Princade Parks of Buseniss 1320 SR 87151 1 | MINIOAL | KEPOKI | Secretary of State |
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| 6. Name and Addition of Current Registered Agent HASKIN, DAVID, F., M.D. 1323 ISW 8118 ST. #3 MIAMI, FL. 33185 **BUT HOUSE OF Floridate and Status Deared** **BUT HIS SPACE** **BUT | DO NOT WRITE | IN THIS SPACE | 4. FEI Number Applied For |
| HASKIN, DAVID, F., M.D. 1321 SW 8TH ST, #3 MIAMI, FL 33185 A. The above remaid entity submited bits statement for the purpose of changing its registered office or regulared agent, or born, in the State of Roide. I am familiar with, and accept the obligations of registered agent. SIGNATURE: SIGNATURE STEEL NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS THE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 HASKIN, DAVID M.D. STREET MORES CITY 61-07 MIAMI, FL 33135 THE MORES CITY 61-07 MIAMI, FL 33135 THE MORES CITY 61-07 MAMI, FL 33135 THE MORES CITY 61-07 MAMI, FL 3010 THE MORES CITY 61-07 MAMI, FL 3010 THE MARK STREET MORES CITY 61-07 MAMI, FL 3010 THE MARK STREET MORES CITY 61-07 MAMI, FL 3010 THE MARK STREET MORES CITY 61-07 MAMI, FL 3010 THE MARK STREET MORES CITY 61-07 MAMI, FL 3010 THE MARK STREET MORES CITY 61-07 MAMI, FL 3010 THE MARK THE MARK | | | 5 Cardificate of Status Decured S8.75 Additional |
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| SIGNATURE: SINGLE ADDRESS CITY ST ZIP INTLE NAW! STRUIT ADDRESS CITY ST ZIP 12. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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 trusted employered 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: **Company Statutes** **Compa | MILE. NAME STRUEL AUGMESS | | IN THIS SPACE |
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| indicated on this report of supplemental report is true and accurrate and that my signature shall have the same legal effect as in flade under out, that an indicate of the corporation or the receiver or trustee employered 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: SIGNATURE: Description of the receiver or trustee employers to be supplyed to the composition of the receiver of trustee on a policy of the composition of the receiver of trustee on a policy of the composition of the receiver of trustee on the composition of the composition of the receiver of trustee on the composition of the receiver of trustee on the composition of the receiver of trustee on the composition of the comp | HAME STRUIT AUDIESS CITY-ST-ZIP | | and the second s |
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| SIGNATURE AND ITPED ON FAIR IED NAME OF BIDINGS OFFICER OF DIRECTOR | | | |