



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90168 037 ***150.00

DOCUMENT # K12516 1. Entity Name EDWARD S. TRUPPMAN, M.D., P.A.					
Principal Place of Business 2999 NE 191 ST PH 1 AVENTURA, FL 33180 US			Mailing Address 2999 NE 191 ST PH 1 AVENTURA, FL 33180 US		
2. Principal Place of Business 12575 ORANGE DR #301 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 630188 Suite, Apt. #, etc.			
City & State DAVIE FL		City & State MIAMI FL		4. FEI Number 65-0025667	
Zip 33330		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33163		Country USA		04062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent TRUPPMAN, EDWARD S 2999 NE 191 ST PH 1 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12575 ORANGE DRIVE #301 City DAVIE FL Zip Code 33330	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUPPMAN, EDWARD S., MD 2999 NE 191ST ST PHI AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12575 ORANGE DR #301 DAVIE FL 33330	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Edward S. Truppman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/17/06</u> Daytime Phone # _____		