

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K12516

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** EDWARD S. TRUPPMAN, M.D., P.A.

**Current Principal Place of Business:**

NM  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 630188  
MIAMI, FL 33163 US

**New Mailing Address:**

**FEI Number:** 65-0025667      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRUPPMAN, EDWARD S  
12575 ORANGE DR, # 301  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** TRUPPMAN, EDWARD S., MD  
**Address:** 12575 ORANGE DR, # 301  
**City-St-Zip:** DAVIE, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** EDWARD S. TRUPPMAN M.D.

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date