



FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K12516 1. Entity Name EDWARD S. TRUPPMAN, M.D., P.A.			
Principal Place of Business NM DAVIE, FL 33330 US		Mailing Address POB 630188 MIAMI, FL 33163 US	
<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>			
		<div style="text-align: center;"></div> <div>03312008 No Chg-P CR2E034 (11/05)</div>	
4. FEI Number 65-0025667		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUPPMAN, EDWARD S 12575 ORANGE DR, # 301 DAVIE, FL 33330		<div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>	
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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			
TITLE	D		
NAME	TRUPPMAN, EDWARD S., MD		
STREET ADDRESS	12575 ORANGE DR, # 301		
CITY-ST-ZIP	DAVIE, FL 33330		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: _____		Date: 4/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	