2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE:

an address, with all oth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

empowered

Feb 07, 2005 08:00 AM DOCUMENT # K67475 Secretary of State 1. Entity Name MATTHEW C. DEUTSCHER, M.D., P.A. Principal Place of Business Mailing Address 4399 NOB HILL ROAD SUNRISE FL 33351 4399 NOB HILL ROAD SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0103454 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEUTSCHER, MATTHEW C., M D Street Address (P.O. Box Number is Not Acceptable) 7521 E. CYPRESS HEAD DRIVE PARKLAND FL 33067-1619 Zip Code 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) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. UDDUUD217453 Change Addition TITLE ם THLE Delete NAME DEUTSCHER, MATTHEW C. NAME 02/07/05-80024-022 150.00 STREET ADDRESS 7521 E. CYPRESS HEAD DR. STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 OHY-ST-70P Die Delete hitt Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Defete $nn \epsilon$ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete 111:5 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DILE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 recovery or dustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED

954-146-1501