2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2007 08:00 AM Secretary of State

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1. Entity Name

LYNDA ALTMAN, M.D., P.A.



Principal Place of Business

Mailing Address

9910 SANDALFOOT BLVD

9910 SANDALFOOT BLVD

STF 1

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33428 US

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01152007

No Cha-F

CR2E034 (11/05)

4. FEI Number 65-0130352 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, LYNDA 9910 SANDALFOOT BLVD SUTIE 1 BOCA RATON, FL 33428

DO NOT WRITE IN THIS SPACE

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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	Signature, typed or printed name of registered agent and title	of applicable (NOTE Re	gistered Agent signature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000602467 01/26/07~80091~016 150.00			
10.	OFFICERS AND DIREC	CTORS			<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTMAN, LYNDA 9910 SANDALFOOT BLVD SUTIE 1 BOCA RATON, FL 33428							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				•				
NAME STREET ADDRESS CITY-ST-ZIP								
12. Thereby 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								

12. I hereby certify that the informalion supplied with this filling 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

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/23/07

Daytime Phone #