## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K94470

Entity Name: MEISELS & DOLAMORE, P.A.

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6730 N. STATE ROAD 7

COCONUT CREEK, FL 33063 US

Current Mailing Address: New Mailing Address:

1730 UNIVERSITY DR.

CORAL SPRINGS, FL 330716029 US

FEI Number: 65-0139008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BLOOM, LEONARD H. ESQ ONE SE 3RD AVENUE 3RD FLOOR MIAMI, FL 33131 US MEISELS, DVM, LLOYD S 1730 N. UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 US

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: LLOYD S. MEISELS, DVM 01/12/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete

 Name:
 MEISELS, LLOYD S.,

 Address:
 1730 UNIVERSITY DR

 City-St-Zip:
 CORAL SPRINGS, FL 33071

 Title:
 TD
 ( ) Delete

 Name:
 DOLAMORE, KAREN-JO,

 Address:
 1730 UNIVERSITY DR

 City-St-Zip:
 CORAL SPRINGS, FL 33071

Title: PD (X) Change () Addition
Name: MEISELS, DVM, LLOYD S
Address: 1730 N. UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD (X) Change () Addition Name: DOLAMORE, DVM, KAREN-JO Address: 1730 N. UNIVERSITY DR City-St-Zip: CORAL SPRINGS, FL 33071

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: LLOYD S. MEISELS, DVM PRES 01/12/2007