

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00805**

1. Entity Name  
**MICHAEL BENDELL, P.A.**



Principal Place of Business <b>7000 W PALMETTO PARK ROAD          SUITE 410          BOCA RATON, FL 33433 US</b>	Mailing Address <b>7000 W PALMETTO PARK ROAD          SUITE 410          BOCA RATON, FL 33433 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0139641</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BENDELL, MICHAEL S.  
 7000 W. PALMETTO PARK ROAD  
 SUITE #410  
 BOCA RATON, FL 33433**

**DO NOT WRITE IN THIS SPACE**

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) 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**

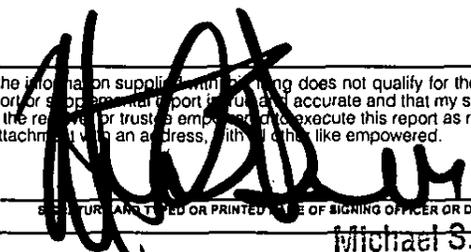
100000634920  
 04/17/07 200703-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BENDELL, MICHAEL S. 7000 WEST PALMETTO PARK ROAD SUITE #410 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied herein is true and correct and that the information indicated on this report or supporting report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am the officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11, if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:  DATE: **4-4-07** / 3670380

SECRETARY (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **Michael S. Bendell** DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_