

FROM : ALL FL BOOKKEEPING JTD CPA

FAX NO. : 3524891572

Apr. 06 2007 06:03 PM

FILED

May 02, 2007 08:00 AM
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L05167	
1. Entity Name MEDICAL OFFICES OF SCOTT B. HALPERIN, M.D., P.A.	

Principal Place of Business 7100 W. 20TH AVE #213 HIALEAH, FL 33016	Mailing Address 7100 W. 20TH AVE #213 HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE

04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0136395	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HALPERIN, SCOTT B 2575 EAGLE RUN LANE WESTON, FL 33327	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 if applicable (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALPERIN, SCOTT B 2575 EAGLE RUN LANE WESTON, FL 33327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Scott B. Halperin Stt B. Halperin 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #