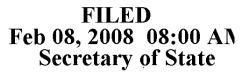
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L09871 1. Entity Name CRAIG H. LICHTBLAU, M.D., P.A. Principal Place of Business Mailing Address 550 NORTH LAKE BLVD. N PALM BEACH, FL 33408-5409 US 550 NORTH LAKE BLVD. N PALM BEACH, FL 33408-5409 US







No Chg-P 01282008

CR2E034 (11/05)

4. FEI Number 65-0138983

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent.			A CANAL SERVICE	militaring shift mus	which where have a fine that	Maria Latin to the first the second
LICHTBLAU, CRAIG H. 550 NORTH LAKE BLVD. N PALM BEACH, FL 33408				Photon M. A. C.	NOT WR THIS SPA	THE REPORT OF THE PARTY OF THE
 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			d Agent signature required	Agent signature required when reinstating) DATE ,		
	E NOWIII FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees	0000008 02/19/08-8	21054 0008-015 150.00
10.	OFFICERS AND DIREC	TORS	4.5. Sark	e e a seried	المنافعية المنافعية	TO 14 LANGE SHOW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTBLAU, CRAIG H. 550 NORTH LAKE BLVD. N PALM BEACH, FL 33408					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. DO	NOT WR	UTE .
TITLE Name Street address City-St-Zip				IN	THIS SPA	CE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information 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 empoyered 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: