

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23237

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: MIKE PERL, M.D., P.A.

**Current Principal Place of Business:**

1487 LYONS ROAD  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1487 LYONS ROAD  
COCONUT CREEK, FL 33063

**New Mailing Address:**

FEI Number: 65-0151122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SERCHAY, ALLAN  
5300 NW 33 ST  
SUITE 117  
FORT LAUDERDALE, FL 33065 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PERL, MIKE  
Address: 1487 LYONS ROAD  
City-St-Zip: COCONUT CREEK, FL 33063

Title: SS ( ) Delete  
Name: PERL, ARLENE  
Address: 1487 LYONS ROAD  
City-St-Zip: COCONUT CREEK, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SS (X) Change ( ) Addition  
Name: PERL, ARLENE  
Address: 474 NW 118 AVENUE  
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 Section 119.07(3)(i), 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: ARLENE PERL

SS

01/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date