

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23237

FILED
Apr 25, 2007
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:

474 NW 118 AVENUE
CORAL SPRINGS, FL 33071

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: 474 NW 118 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ARLENE PERL

SS

04/25/2007

Electronic Signature of Signing Officer or Director

Date