

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L47085 1. Entry Name BARRY M. MISKIN, M.D., P.A.	
Principal Place of Business 1926 LENMORE DR PALM BEACH GARDENS, FL 33410 US	Mailing Address 1926 LENMORE DR PALM BEACH GARDENS, FL 33410 US



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0173748	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent MISKIN, BARRY M M.D. 1926 LENMORE DR PALM BEACH GARDENS, FL 33410	DO NOT WRITE IN THIS SPACE
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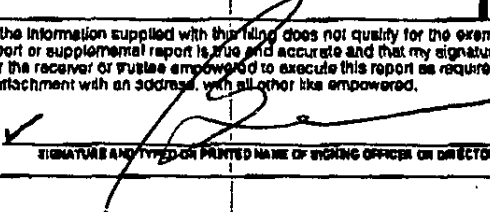
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature is typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when requesting) DATE _____**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MISKIN, BARRY M., M.D. 1926 LENMORE DR PALM BEACH GARDENS, FL 33410
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03/11/08-80064-010 150.00**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Determine Photo