2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L57437

Address:

City-St-Zip:

3230 STIRLING RD

HOLLYWOOD, FL 33021

FILED Feb 09, 2009 Secretary of State

Entity Nam	ne: JAYS.N	MENDELSOHN, MD, PA		•	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3230 STIRL HOLLYWO	.ING ROAD OD, FL 3302	21			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3230 STIRL HOLLYWO	ING ROAD OD, FL 3302	21			
FEI Number:	65-0182554	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PLOUCHA, LAWRENCE M ESQUIRE C/O ATKINSON, DINER, STONE & MANKUTA PA 1 FINANCIAL PLAZA, SUITE 1400 FORT LAUDERDALE, FL 33394 US			666 SEVENTY-FIRST	GERSON,PRESTON,ROBINSON&CO,PA 666 SEVENTY-FIRST STREET MIAMI BEACH,, FL 33141 US	
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: RONALD UNGER				02/09/2009	
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTSD (MENDELSOH 3230 STIRLIN HOLLYWOOD	G RD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	AVP (PERKINS, JEI 3230 STIRLIN HOLLYWOOD	G ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	AVP (PATEL, MANIS) Delete SH M	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: JAY S MENDELSOHN PTSD 02/09/2009