


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M22129</b> 1. Entity Name <b>ARLENE E. HAYWOOD, M.D., P.A.</b>	
--	---

Principal Place of Business <b>4100 SOUTH HOSPITAL DRIVE, STE.302 PLANTATION FL 33317</b>	Mailing Address <b>4100 SOUTH HOSPITAL DRIVE, STE.302 PLANTATION FL 33317</b>
--	--



1st MOORE      CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #  Suite, Apt #, etc	3. Mailing Address  Suite, Apt #, etc
---	---

City & State	City & State	4. FEI Number <b>59-2598153</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
-----	---------	-----	---------	---

<b>6. Name and Address of Current Registered Agent</b>  <b>HAYWOOD, ARLENE E. 4100 SOUTH HOSPITAL DRIVE STE 302 PLANTATION FL</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
---	--

8. 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 *Arlene E. Haywood* \_\_\_\_\_ DATE \_\_\_\_\_

Signature (Type or print name of registered agent and title, if applicable) NOTE: Registered Agent signature required when registering.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution  Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DPTS	
NAME	HAYWOOD, ARLENE E.	<input type="checkbox"/>
STREET ADDRESS	4100 SOUTH HOSPITAL DRIVE, STE.302	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000871988		
NAME	04/10/08-80019-008 150.00	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Arlene E. Haywood* \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR