

Apr. 19. 2006 12:35PM

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90239 001 ***150.00
04-26-2006 90239 002 *****8.75

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04192008 Chg-P CR2E034 (11/05)

DOCUMENT # M41688					
1. Entity Name NICOLAS R. BREUER, M.D., P.A.					
Principal Place of Business 2100 CORAL WAY #304 MIAMI, FL 33145			Mailing Address 2100 CORAL WAY #304 MIAMI, FL 33145		
2. Principal Place of Business 660 Glades Road Suite, Apt. #, etc. Suite 100		3. Mailing Address 660 Glades Road Suite, Apt. #, etc. Suite 100			
City & State Boca Raton, FL		City & State Boca Raton, FL		4. FEI Number 59-2737795	
Zip 33431		Country Palm Beach		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREUER, NICOLAS R. 1000 NW 9 COURT SUITE 102 BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name: Breuer, Nicolas R. Street Address (P.O. Box Number is Not Acceptable) 660 Glades Road Suite 100 City: Boca Raton FL Zip Code: 33431		
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: DATE: 04-21-06 <small>Signature, typed or printed name of registered agent and etc if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BREUER, NICOLAS R. 1000 NW 9 COURT SUITE 102 BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Breuer, Nicolas R. 660 Glades Road #100 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREUER, MARTA 1000 NW 9 COURT SUITE 102 BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Breuer, Marta 660 Glades Road #100 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		04-21-06		(561)395-9200	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Telephone Prefix #</small>	