

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90210 016 ***150.00

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04122006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0033664
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDELSON, ALAN D., MD
2740 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name Samuel M. Winn, MD
Street Address (P.O. Box Number is Not Acceptable)
2740 Hollywood Blvd.
City Hollywood, FL Zip Code 33020

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 Samuel M. Winn DATE 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEDELSON, ALAN D., MD	
STREET ADDRESS	2740 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FISHMAN, ARTHUR, MD	
STREET ADDRESS	2740 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOPEN, GARY MD	
STREET ADDRESS	3419 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WINN, SAMUEL M M.D.	
STREET ADDRESS	2740 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Samuel M. Winn DATE 4/26/06 (954)
Signature and typed or printed name of signing officer or director Daytime Phone # 925-2740