

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001250**

1. Entity Name  
**EAST FLORIDA PHYSICIAN ALLIANCE, INC.**



Principal Place of Business

**4101 S HOSPITAL DR.  
STE. 1  
PLANTATION, FL 33317**

Mailing Address

**4101 S HOSPITAL DR.  
STE. 1  
PLANTATION, FL 33317**



01092006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0827870**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FARRELL, JAMES A  
STE 500, 250 S AUSTRALIAN AVE  
W PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11111111465603  
03/22/06-80035-022 61.25

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KATZMAN, HOWARD M.D.  
4101 S HOSPITAL DR., STE. 1  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHULTZ, NEIL M.D.  
4101 S HOSPITAL DR., STE. 1  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BORNIA, MANUEL M.D.  
4101 S HOSPITAL DR., STE. 1  
PLANTATION, FL 33317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 617, 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:

*Howard Katzman M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-06**  
Date

Daytime Phone #