2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000011359

1. Entity Name

RONALD L. BLANKSTEIN, MD, PA



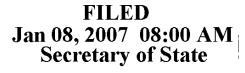
Principal Place of Business

Mailing Address

2300 GLADES RD

201-E BOCA RATON, FL 33431 2300 GLADES RD 201-E

BOCA RATON, FL 33431





01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0975157 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BLANKSTEIN, RONALD L 320 PLAZA REAL, STE #201-E BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	urpose of changing its registered	office or i	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title t	f applicable. (NOTE: Registered A	gent signatur	e required when reinstating)	DATE
FILE NOWII! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib			ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BLANKSTEIN, RONALD L 320 PLAZA REAL #503 BOCA RATON, FL 33432				
TITLE NAME STREET ADDRESS CITY-SI-ZIP					U00000577774 01/09/07-80002-024 150.00
TITLE NAME STREET ADORESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADORESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	-				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

R. Blankstein, MD.

1/4/07 J

Daytime Phone #