

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90417 037 ***150.00

DOCUMENT # P0000027350			
1. Entity Name SUNRISE PHYSICAL MEDICINE & WELLNESS CENTER, INC.			
Principal Place of Business 8338 W OAKLAND PARK BLVD SUNRISE, FL 33351		Mailing Address 8338 W OAKLAND PARK BLVD SUNRISE, FL 33351	
2. Principal Place of Business 4507 N. PINE ISLAND RD		3. Mailing Address 4507 N. PINE ISLAND RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE FLORIDA		City & State SUNRISE FLORIDA	
Zip 33351	Country USA	Zip 33351	Country USA
4. FEI Number 65-0993745		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHTULMAN, HOWARD 8338 W OAKLAND PARK BLVD SUNRISE, FL 33351		7. Name and Address of New Registered Agent Name HOWARD SHTULMAN Street Address (P.O. Box Number is Not Acceptable) 4507 N. PINE ISLAND ROAD City SUNRISE FL Zip Code 33351	
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 Howard Shtulman DC DATE 3/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD SHTULMAN, HOWARD 5644 NW 66TH AVE CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Howard Shtulman DC		DATE: 3/28/06	DAYTIME PHONE #: 954-741-6233
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>