

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046233

FILED  
Jul 24, 2007  
Secretary of State

Entity Name: SOUTH PALM MEDICAL ASSOCIATES, P.A.

## Current Principal Place of Business:

10301 HAGAN RANCH RD  
SUITE 930  
BOYNTON BEACH, FL 33437

## New Principal Place of Business:

10151 ENTERPRISE BLVD  
SUITE 101  
BOYNTON BEACH, FL 33437 US

## Current Mailing Address:

10301 HAGAN RANCH RD  
SUITE 930  
BOYNTON BEACH, FL 33437

## New Mailing Address:

10151 ENTERPRISE BLVD  
SUITE 101  
BOYNTON BEACH, FL 33437 US

FEI Number: 65-1005367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

IJAC, DAVID MD  
10301 HAGAN RANCH RD #930  
SUITE 930  
BOYNTON BEACH, FL 33437 US

## Name and Address of New Registered Agent:

IJAC, DAVID MD  
10151 ENTERPRISE BLVD  
SUITE 101  
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE:

07/24/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: IJAC, DAVID MD  
Address: 10301 HAGAN RANCH RD SUITE 930  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: PERELMAN, MITCHELL MD  
Address: 10301 HAGAN RANCH RD SUITE 930  
City-St-Zip: BOYNTON BEACH, FL 33437

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: IJAC, DAVID MD  
Address: 10151 ENTERPRISE BLVD  
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: DR (X) Change ( ) Addition  
Name: PERELMAN, MITCHELL MD  
Address: 10151 ENTERPRISE BLVD  
City-St-Zip: BOYNTON BEACH, FL 33437 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID IJAC, MD

CEO

07/24/2007

Electronic Signature of Signing Officer or Director

Date