


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # P00000113547


1. Entity Name
 IGNACIO SALZMAN, M.D., P.A.



Principal Place of Business
 9430 TURKEY LAKE ROAD
 SUITE 216
 ORLANDO, FL 32819

Mailing Address
 9430 TURKEY LAKE ROAD
 SUITE 216
 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-3692618 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

IGNACIO R.J. SALZMAN
 9430 TURKEY LAKE ROAD
 SUITE 216
 ORLANDO, FL 32819

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

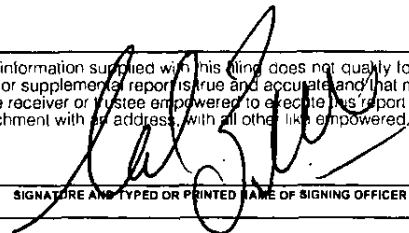
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
D	IGNACIO R.J. SALZMAN	10134 SOUTH FULTON COURT	ORLANDO, FL 32836

00000730333
 01/23/08-80039-012 150.00

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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 links empowered.

SIGNATURE:  1/17/08

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date

 Daytime Phone #