


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000040726  
 1. Entity Name  
 NOEL R. ZUSMER, M.D., P.A.



Principal Place of Business      Mailing Address  
 9300 W. BAY HARBOR DRIVE #18      9300 W. BAY HARBOR DRIVE #18  
 BAY HARBOR ISLANDS, FL 33154      BAY HARBOR ISLANDS, FL 33154



02232006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-1097834      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LEVINSON, EDWARD E  
 407 LINCOLN ROAD - PH-SE  
 MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

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

U00000458063  
 03/17/06-80030-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ZUSMER, NOEL R
STREET ADDRESS	9300 W. BAY HARBOR DRIVE #18
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: X NOEL R. ZUSMER M.D.      NOEL R ZUSMER      Date 3/1/06      305-864-5424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #