2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000114329

Entity Name: SHLOMO PASCAL, M.D., P.A.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2400 N. UNIVERSITY DRIVE, SUITE 209 1711 NW 123 AVENUE

PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33026

Current Mailing Address: New Mailing Address:

2400 N. UNIVERSITY DRIVE, SUITE 209 1711 NW 123 AVENUE

PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33026

FEI Number: 65-1154043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASCAL, SHLOMO MD

10111 N.W. 21 COURT

PEMBROKE PINES, FL 33026 US

PASCAL, SHLOMO MD

10401 BUENOS AIRES STREET

COOPER CITY, FL 33026 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: SHLOMO PASCAL, M.D. 04/25/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

in the State of Florida.

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR () Delete Title: MD (X) Change () Addition

 Name:
 PASCAL, SHLOMO MD
 Name:
 PASCAL, SHLOMO MD

 Address:
 2400 N. UNIVERSITY DR. SUITE 209
 Address:
 1711 NW 123 AVENUE

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:
 PEMBROKE PINES, FL 33026

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: SHLOMO PASCAL, M.D. MD 04/25/2008