2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P02000026207

Entity Name: AARON S. DUBRINSKY D.O. P.A.

Current Principal Place of Business:

4700 SHERIDAN ST UNIT G
HOLLYWOOD, FL 33021

New Principal Place of Business:

4910 NORTHEAST TWENTY-FOURTH AVENUE
LIGHTHOUSE POINT, FL 330647013 US

Current Mailing Address:

4700 SHERIDAN ST UNIT G
HOLLYWOOD, FL 33021

New Mailing Address:

4910 NORTHEAST TWENTY-FOURTH AVENUE
LIGHTHOUSE POINT, FL 330647013 US

FEI Number: 03-0412115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUBRINSKY, AARON S
4700 SHERIDAN ST UNIT G
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

DUBRINSKY, AARON S D.O.
4910 NORTHEAST TWENTY-FOURTH AVENUE
LIGHTHOUSE POINT, FL 330647013 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: AARON S. DUBRINSKY, D.O. 04/21/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DUBRINSKY, AARON
Address: 4700 SHERIDAN ST UNIT G
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD (X) Delete
Name: LANES, DOUGLAS MD
Address: 4700 SHERIDAN ST UNIT G
City-St-Zip: HOLLYWOOD, FL 33021

Title: TD ( ) Delete
Name: LEHMAN, GAIL PHD
Address: 4700 SHERIDAN ST UNIT G
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: DUBRINSKY, AARON S D.O.
Address: 4910 NORTHEAST TWENTY-FOURTH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 330647013 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: LEHMAN, GAIL L PHD
Address: 4910 NORTHEAST TWENTY-FOURTH AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 330647013

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AARON S. DUBRINSKY, D.O. DP 04/21/2005
Electronic Signature of Signing Officer or Director Date