2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000026207

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

FILED Apr 21, 2005 Secretary of State

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

4700 SHERIDAN ST UNIT G 4910 NORTHEAST TWENTY-FOURTH AVENUE

HOLLYWOOD, FL 33021 LIGHTHOUSE POINT, FL 330647013 US

Current Mailing Address: New Mailing Address:

4700 SHERIDAN ST UNIT G 4910 NORTHEAST TWENTY-FOURTH AVENUE

HOLLYWOOD, FL 33021 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: Name and Address of New Registered Agent:

DUBRINSKY, AARON S
4700 SHERIDAN ST UNIT G

DUBRINSKY, AARON S D.O.
4910 NORTHEAST TWENTY-FOURTH AVENUE

HOLLYWOOD, FL 33021 US 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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: DUBRINSKY, AARON DUBRINSKY, AARON S D.O.

Address: 4700 SHERIDAN ST UNIT G Address: 4910 NORTHEAST TWENTY-FOURTH AVENUE City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: LIGHTHOUSE POINT, FL 330647013 US

Title: SD (X) Delete Title: () Change () Addition

 Name:
 LANES, DOUGLAS MD
 Name:

 Address:
 4700 SHERIDAN ST UNIT G
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

Name: LEHMAN, GAIL PHD Name: LEHMAN, GAIL L PHD

Address: 4700 SHERIDAN ST UNIT G Address: 4910 NORTHEAST TWENTY-FOURTH AVENUE

City-St-Zip: HOLLYWOOD, FL 33021 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