

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

03-24-2008 90044 041 ***150.00

DOCUMENT # P02000097792	
1. Entity Name PAUL ALLEN MALEK, M.D., P.A.	

Principal Place of Business 3501 JOHNSON STREET HOLLYWOOD, FL 33021	Mailing Address 3501 JOHNSON STREET HOLLYWOOD, FL 33021
---	---

4

66006159



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3662362	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent COEL, MARK A ONE LINCOLN PLACE 1900 GLADES ROAD, SUITE 350 BOCA RATON, FL 33431-0000
--

**DO NOT WRITE
IN THIS SPACE**

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: Paul Allen Malek MD PRESIDENT + CEO DATE: 4/17/08

**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 - ST - ZIP	DPST MALEK, PAUL A M.D. 3501 JOHNSON STREET HOLLYWOOD, FL 33021
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	
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: Paul Allen Malek MD PRESIDENT + CEO DATE: 4/17/08 DAYTIME PHONE: 954 987 2020 x5313