


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 A
Secretary of State

DOCUMENT # P02000108710

1. Entity Name
3801 BISCAYNE CORP.



Principal Place of Business Mailing Address

420 LINCOLN RD STE 448 **420 LINCOLN RD STE 448**
MIAMI BEACH, FL 33139 **MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4510084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOMBERG, RONALD S
420 LINCOLN RD. #448
MIAMI BEACH, FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DP BLOOMBERG, RONALD 420 LINCOLN RD STE 448 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COY, KEVIN M MD 3801 BISCAYNE BOULEVARD THIRD FLOOR MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, RICHARD A MD 5225 FISHER ISLAND DRIVE SUITE 7450-A MIAMI BEACH, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/07-80050-024 150.00

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: _____ **1/17/07** _____
 SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #