


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90075 034 ***150.00

DOCUMENT # P02000122383 1. Entity Name SCOTT DUNKIN, D.O., P.A.					
Principal Place of Business 12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186			Mailing Address 12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # 8501 S.W. 124 Avenue		3. Mailing Address 8501 S.W. 124 Avenue			
Suite, Apt. #, etc. 211		Suite, Apt. #, etc. 211			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 76-0720274	
Zip 33183		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNKIN, SCOTT D.O. 12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNKIN, SCOTT D.O. 12515 NORTH KENDALL DRIVE, SUITE 228 MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/15/08 Daytime Phone # 305 595 6488		