

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

Zip 33183

Country Dade

Zip 33183

Country Dade

6. Name and Address of Current Registered Agent

DUNKIN, SCOTT D.O.
12515 NORTH KENDALL DRIVE, SUITE 228
MIAMI, FL 33186

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete
NAME DUNKIN, SCOTT D.O.
STREET ADDRESS 12515 NORTH KENDALL DRIVE, SUITE 228
CITY-ST-ZIP MIAMI, FL 33186

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date

595 6488
Daytime Phone #

305