

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026431

FILED
Apr 30, 2008
Secretary of State

Entity Name: DURST FAMILY MEDICINE, P.A.

Current Principal Place of Business:

545 S. ATLANTIC BLVD, 1201
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

2508 NE 21ST COURT
FORT LAUDERDALE, FL 33305

New Mailing Address:

545 S. ATLANTIC BLVD, 1201
FT. LAUDERDALE, FL 33316

FEI Number: 43-2003525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAVERMAN, BENNETT ESQ.
625 NE 3RD AVENUE
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DURST, KAY H MD
Address: 2508 NE 21ST COURT
City-St-Zip: FT. LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DURST, KAY H MD
Address: 545 S. ATLANTIC BLVD. # 1201
City-St-Zip: FT. LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAY H. DURST, MD

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date