2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2006
Secretary of State

DOCUMENT# P03000030986

Entity Name: GARY KREITMAN, M.D., P.A.

Current Principal Place of Business:

9150 S.W. 87TH AVENUE
SUITE 100
MIAMI, FL 331762311

New Principal Place of Business:

Current Mailing Address:

9150 S.W. 87TH AVENUE
SUITE 100
MIAMI, FL 331762311

New Mailing Address:

FEI Number: 59-1596342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KREITMAN, GARY
9150 S.W. 87TH AVENUE
SUITE 100
MIAMI, FL 331762311 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: PD ( ) Delete
Name: KREITMAN, GARY
Address: 9150 S.W. 87TH AVENUE, SUITE 100
City-St-Zip: MIAMI, FL 331762311

Title: VP ( ) Delete
Name: KREITMAN, MADELEINE
Address: 7226 SW 146 STREET CIRCLE
City-St-Zip: MIAMI, FL 33158

Title: SEC ( ) Delete
Name: MADELEINE, KREITMAN
Address: 7226 SW 146 STREET CIRCLE
City-St-Zip: MIAMI, FL 33158

Title: TR ( ) Delete
Name: KREITMAN, GARY
Address: 9150 SW 87 AVE, SUITE 100
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KREITMAN, GARY
Address: 7226 SW 146 ST. CIRCLE
City-St-Zip: MIAMI, FL 33158 16

Title: VP (X) Change ( ) Addition
Name: KREITMAN, MADELEINE
Address: 7226 SW 146 STREET CIRCLE
City-St-Zip: MIAMI, FL 33158 16

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change ( ) Addition
Name: KREITMAN, GARY
Address: 7226 SW 146 ST. CIRCLE
City-St-Zip: MIAMI, FL 33158 16

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY KREITMAN M.D . PD 01/14/2006

Electronic Signature of Signing Officer or Director — Date