

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048129

Entity Name: A. FISHMAN, M.D., P.A.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

CEDARS MEDICAL CENTER, EAST BUILDING
1400 N.W. 12TH AVENUE
MIAMI, FL 331361003

New Principal Place of Business:

Current Mailing Address:

CEDARS MEDICAL CENTER, EAST BUILDING
1400 N.W. 12TH AVENUE
MIAMI, FL 331361003

New Mailing Address:

FEI Number: 06-1692859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, L.M. ESQ.
% ATKINSON, DINER, STONE MANKUTA & PLOUCHA
1946 TYLER STREET
HOLLYWOOD, FL 330204517 US

Name and Address of New Registered Agent:

PLOUCHA, L.M. ESQ.
% ATKINSON, DINER, STONE MANKUTA & PLOUCHA
100 S.E. THIRD AVENUE
FORT LAUDERDALE, FL 33394 US

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:

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FISHMAN, ALLAN
Address: 1400 N.W. 12TH AVENUE CEDARS MEDICAL CTR.
City-St-Zip: MIAMI, FL 331361003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALLAN FISHMAN

D

01/10/2006

Electronic Signature of Signing Officer or Director

Date