

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087070

FILED
Apr 23, 2009
Secretary of State

Entity Name: LILIAN SCHEINKMAN, M.D., PH.D, P.A.

Current Principal Place of Business:

7685 SW 104 ST STE 100
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

5889 SW 85 STREET
SOUTH MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-0151830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEINKMAN, LILIAN
7685 SW 104 ST STE 100
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

SCHEINKMAN, LILIAN
5889 SW 85 STREET
SOUTH MIAMI, FL 33143 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:

Electronic Signature of Registered Agent

04/23/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHEINKMAN, LILIAN
Address: 7685 SW 104 ST STE 100
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCHEINKMAN, LILIAN
Address: 5889 SW 85 STREET
City-St-Zip: SOUTH MIAMI, FL 33143

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: LILIAN SCHEINKMAN

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date