



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90025 022 \*\*\*150.00

<b>DOCUMENT # P03000102893</b>																													
<b>1. Entity Name</b> EZRA EL-KAYAM, M.D., P.A.																													
<b>Principal Place of Business</b> 1840 MEASE DR SUITE 410 SAFTEY HARBOR, FL 34695    US			<b>Mailing Address</b> 1840 MEASE DR SUITE 410 SAFTEY HARBOR, FL 34695    US																										
<b>2. Principal Place of Business</b> 1840 Mease Dr Suite, Apt. #, etc. Suite 315 City & State Safety Harbor FL Zip 34695    Country USA		<b>3. Mailing Address</b> 1840 Mease Dr Suite, Apt. #, etc. Suite 315 City & State Safety Harbor FL Zip 34695    Country USA																											
04052005    Chg-P    CR2E034 (10/03)		<b>4. FEI Number</b> 20-0236426		Applied For <input type="checkbox"/> Not Applicable																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> ELKAYAM, EZRA M.D. 1984 S.E. STREET POMPANO BEACH, FL 33062-7606																									
<b>7. Name and Address of New Registered Agent</b> Name: <u>ElKayam, EZRA M.D.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1840 MEASE DR STE 315</u> City: <u>Safety Harbor</u> FL    Zip Code: <u>34695</u>				<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>7/5/05</u>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>10. OFFICERS AND DIRECTORS</b>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P</td> </tr> <tr> <td>NAME</td> <td>ELKAYAM, EZRA S M.D.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>6574 N. STATE ROAD 7, SUITE 115</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>COCONUT CREEK, FL 330733617</td> </tr> </table>		TITLE	P	NAME	ELKAYAM, EZRA S M.D.	STREET ADDRESS	6574 N. STATE ROAD 7, SUITE 115	CITY - ST - ZIP	COCONUT CREEK, FL 330733617	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P</td> </tr> <tr> <td>NAME</td> <td>ElKayam, EZRA S. M.D.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1840 Mease Dr. Ste 315</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Safety Harbor, FL 34695</td> </tr> </table>		TITLE	P	NAME	ElKayam, EZRA S. M.D.	STREET ADDRESS	1840 Mease Dr. Ste 315	CITY - ST - ZIP	Safety Harbor, FL 34695
TITLE	P																												
NAME	ELKAYAM, EZRA S M.D.																												
STREET ADDRESS	6574 N. STATE ROAD 7, SUITE 115																												
CITY - ST - ZIP	COCONUT CREEK, FL 330733617																												
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	P																												
NAME	ElKayam, EZRA S. M.D.																												
STREET ADDRESS	1840 Mease Dr. Ste 315																												
CITY - ST - ZIP	Safety Harbor, FL 34695																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>		TITLE	Delete	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
TITLE	Delete																												
NAME																													
STREET ADDRESS																													
CITY - ST - ZIP																													
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>																													
<b>SIGNATURE:</b> <u>[Signature]</u> <u>7/5/05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #																													