

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126616

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: MSPB SEPARATE ACCOUNT, INC.

**Current Principal Place of Business:**

5700 LAKE WORTH RD STE 204  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5700 LAKE WORTH RD STE 204  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 20-0370181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIASECKI, PHILIP  
5700 LAKE WORTH RD STE 204  
LAKE WORTH, FL 33463 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: D ( ) Delete  
Name: SCHLEIN, ANDREW M.D.  
Address: 6056 BOYNTON BEACH BLVD, #145  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D ( ) Delete  
Name: KRASNER, STEPHEN M.D.  
Address: 5401 S CONGRESS AVE STE 102  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: BEHRENS, JEFFREY M.D.  
Address: 4671 S CONGRESS AVE #101  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: COWEN, PETER M.D.  
Address: 5401 S CONGRESS #201  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: ROSENFELD, THOMAS M.D.  
Address: 5401 S CONGRESS # 211  
City-St-Zip: ATLANTIS, FL 33462

Title: D ( ) Delete  
Name: SIMONS, WILLIAM M.D.  
Address: 5401 S CONGRESS # 218  
City-St-Zip: ATLANTIS, FL 33462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: ANDREW SCHLEIN M.D.

D

04/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date