

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