

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000007357**

1. Entity Name  
**COLLEGE HEALTH II GP, INC.**



Principal Place of Business  
**C/O SAMUEL I BURSTYN, P.A.  
801 BRICKELL AVE PH1  
MIAMI, FL 33131**

Mailing Address  
**C/O SAMUEL I BURSTYN, P.A.  
801 BRICKELL AVE. PH1  
MIAMI, FL 33131**



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4533432**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BURSTYN, SAMUEL I  
C/O SAMUEL I BURSTYN, P.A.  
801 BRICKELL AVE. PH1  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000630048  
02/19/07-80025-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BURSTYN, SAMUEL I
STREET ADDRESS	801 BRICKELL AVE. PH1
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	BURSTYN, ESTHER D MRS.
STREET ADDRESS	801 BRICKELL AVE. PH1
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/07  
Date

305 343 0444  
Daytime Phone #