


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90196 035 \*\*\*150.00

|  |  |         |   |   |  |
|--|--|---------|---|---|--|
| <b>DOCUMENT # P04000041950</b><br>1. Entity Name<br><b>REFERRAL INSTITUTE OF SOUTHEAST FLORIDA, INC.</b>   |  |         |   |    |  |
| Principal Place of Business<br><b>1000 WEST MCNAB ROAD<br/>SUITE 170<br/>POMPANO, FL 33069</b>   |  |         | Mailing Address<br><b>1000 WEST MCNAB ROAD<br/>SUITE 170<br/>POMPANO, FL 33069</b>                                  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |         | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |         | Suite, Apt. #, etc.   |   |  |
| City & State   |  |         | City & State  |   |  |
| Zip  |  | Country |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LAUFER, ALLAN C.P.A.<br/>1451 W. CYPRESS CREEK ROAD<br/>SUITE 300<br/>FORT LAUDERDALE, FL 33309</b>  |  |         |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____                                |  |
| 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<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V</b><br><b>GREENAWALT, CYNTHIA</b><br><b>1000 WEST MCNAB ROAD SUITE 170</b><br><b>POMPANO, FL 33069</b> <input checked="" type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP</b><br><b>James P. Coughlin</b><br><b>1000 W. McNab Road Suite 108</b><br><b>Pompano Beach, FL 33069</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>MARTEL, LEO</b><br><b>1000 WEST MCNAB ROAD SUITE 170</b><br><b>POMPANO, FL 33069</b> <input type="checkbox"/> Delete                    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Suite 108</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>ST</b><br><b>HARDY, DUARD I</b><br><b>1000 WEST MCNAB ROAD SUITE 170</b><br><b>POMPANO, FL 33069</b> <input type="checkbox"/> Delete                |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Suite 108</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |  |         |   |   |  |
| <b>SIGNATURE:</b> <i>Leo Martel</i> <b>Leo Martel</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |         | <b>4/26/07</b> <b>954-673-3726</b><br><small>Date Daytime Phone</small>   |   |  |