2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# P04000124778

Entity Name: MOISEY S. KATSMAN, M.D., P.A.

Current Principal Place of Business:

16711 COLLINS AVE SUITE 703
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

4300 ALTON RD.
SUITE 2070
MIAMI BEACH, FL 33140

Current Mailing Address:

16711 COLLINS AVE SUITE 703
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

16711 COLLINS AVE
STE. 703
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-1568923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATSMAN, MARK
18851 NE 29TH AVE SUITE 900
AVENTURA, FL 33180 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: DVPS ( ) Delete
Name: KATSMAN, MOISEY S
Address: 16711 COLLINS AVE SUITE 703
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: T ( ) Delete
Name: KATSMAN, MOISEY S
Address: 16711 COLLINS AVE SUITE 703
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MOISEY KATSMAN, MD MR. 01/08/2006

Electronic Signature of Signing Officer or Director Date