

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90003 020 \*\*\*150.00

**DOCUMENT # P04000133317**

1. Entity Name  
**NICOLE C. RIDDELL, MD PA**



Principal Place of Business  
**4700 SHERIDAN STREET  
SUITE G  
HOLLYWOOD, FL 33021**

Mailing Address  
**4700 SHERIDAN STREET  
SUITE G  
HOLLYWOOD, FL 33021**

**50021262**



2. Principal Place of Business

**3700 WASHINGTON STREET  
SUITE 304**

3. Mailing Address

**3700 WASHINGTON STREET  
SUITE 304**

06012006

Chg-P

CR2E034 (11/05)

City & State

**Hollywood FL**

City & State

**Hollywood FL**

4. FEI Number

**20-1651284**

Applied For

Not Applicable

Zip

**33021**

Country

**BROWARD**

Zip

**33021**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RIDDELL, NICOLE C MD  
4700 SHERIDAN STREET  
SUITE G  
HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name  
**Ridell, Nicole C MD**

Street Address (P.O. Box Number is Not Acceptable)  
**3700 WASHINGTON STREET**

**SUITE 304**

City  
**Hollywood**

**FL**

Zip Code  
**33021**

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]*

**Nicole Ridell MD**

**6/1/06**

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  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
RIDDELL, NICOLE C MD  
4700 SHERIDAN STREET, SUITE G  
HOLLYWOOD, FL 33021** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
RIDDELL, NICOLE C MD  
3700 WASHINGTON STREET  
Hollywood FL 33021** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

*[Signature]*

**Nicole Ridell MD**

**6/1/06**

**954 961-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #