

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90116 001 ***450.00

DOCUMENT # P05000001699 1. Entity Name FABIOLA B. SCHLESSINGER, M.D., P.A.																											
Principal Place of Business 16800 NW 2ND AVE., STE. 208 MIAMI, FL 33169		Mailing Address 16800 NW 2ND AVE., STE. 208 MIAMI, FL 33169																									
2. Principal Place of Business - No P.O. Box # 16401 NW 2nd Ave Suite, Apt. #, etc. STE 203 City & State MIAMI, FL Zip 33169		3. Mailing Address 16401 NW 2nd Ave Suite, Apt. #, etc. STE 203 City & State MIAMI, FL Zip 33169																									
Country U.S.A		Country U.S.A																									
4. FEI Number 20-3788608		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCHLESSINGER, FABIOLA B. 16800 NW 2ND AVE., STE. 208 MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16401 NW 2nd Ave, Suite 203 City MIAMI																									
State FL		Zip Code 33169																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHLESSINGER, FABIOLA B.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16800 NW 2ND AVE., STE. 208</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	SCHLESSINGER, FABIOLA B.		STREET ADDRESS	16800 NW 2ND AVE., STE. 208		CITY - ST - ZIP	MIAMI, FL 33169		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 recorder 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: <u><i>Fabiola B. Schlessinger M.D. P.A.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											
<small>Date</small> _____ <small>Daytime Phone #</small> _____																											