


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000001699</b>	
1. Entity Name FABIOLA B. SCHLESSINGER, M.D., P.A.	
	
Principal Place of Business 16041 NW 2ND AVE STE 203 MIAMI, FL 33169	Mailing Address 16041 NW 2ND AVE STE 203 MIAMI, FL 33169



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3788608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  SCHLESSINGER, FABIOLA B. 16401 NW 2ND AVE., STE. 203 MIAMI, FL 33169	
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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>	U00000898500 04/25/08-80090-007 450.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLESSINGER, FABIOLA B. 16800 NW 2ND AVE., STE. 208 MIAMI, FL 33169
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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 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: Fabiola B. Schlessinger MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08  
Date

Daytime Phone #