

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90008 050 ***150.00

DOCUMENT # P05000040549

1. Entity Name

WILKS & SAFIRSTEIN, M.D., P.A.



Principal Place of Business

~~764 NE 74TH ST~~
~~MIAMI, FL 33138~~

Mailing Address

~~764 NE 74TH ST~~
~~MIAMI, FL 33138~~

40096751



2. Principal Place of Business

2500 E. HALLANDALE BEACH BLVD.

Suite, Apt. #, etc.

#505

3. Mailing Address

2500 E. HALLANDALE BEACH

Suite, Apt. #, etc.

#505

BLVD

City & State

HALLANDALE BEACH, FL

Zip
33009

Country

City & State

HALLANDALE BEACH, FL

Zip
33009

Country

06162006

Chg-P

CR2E034 (11/05)

4. FEI Number

55-0906060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAKSA, SAMUEL

~~764 NE 74TH ST~~ 2500 E. HALLANDALE BEACH BLVD.
~~MIAMI, FL 33138~~ #505
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature (typed or printed name of registered agent and \$88 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 DR ☐ Delete
NAME SAFIRSTEIN, BETH E
STREET ADDRESS 2500 E. HALLANDALE
CITY-ST-ZIP BEACH BLVD #505
MIAMI, FL 33138 HALLANDALE BEACH, FL 33009

TITLE DR ☐ Delete
NAME WILKS, KERRI L
STREET ADDRESS 2500 E. HALLANDALE
CITY-ST-ZIP BEACH BLVD #505
BOCA RATON, FL 33498 HALLANDALE BEACH, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #