

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000091454

1. Entity Name  
45TH STREET MEDICAL, INC.



Principal Place of Business  
1225 WEST 45TH ST.  
SUITE 307  
WEST PALM BEACH, FL 33407

Mailing Address  
1225 WEST 45TH ST.  
SUITE 307  
WEST PALM BEACH, FL 33407



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3148173

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KAUFMAN, NEIL  
1225 WEST 45TH ST.  
SUITE 307  
WEST PALM BEACH, FL 33407

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE CO-P  
NAME KAUFMAN, NEIL  
STREET ADDRESS 1225 WEST 45TH ST.  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE CO-P  
NAME KAUFMAN, JACQUELINE  
STREET ADDRESS 1225 WEST 45TH ST.  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE STD  
NAME KAUFMAN, NEIL  
STREET ADDRESS 1225 WEST 45TH ST.  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE D  
NAME KAUFMAN, JACQUELINE  
STREET ADDRESS 1225 WEST 45TH ST.  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07

561842-3500