

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093620

FILED
Apr 28, 2008
Secretary of State

Entity Name: DAVID A. LICKSTEIN, M.D., P.A.

Current Principal Place of Business:

927 45TH STREET
STE. 201
WEST PALM BEACH, FL 33407

Current Mailing Address:

927 45TH STREET
STE. 201
WEST PALM BEACH, FL 33407

New Principal Place of Business:

11020 RCA CENTER DRIVE
STE. 2010
PALM BEACH GARDENS, FL 33410

New Mailing Address:

11020 RCA CENTER DRIVE
STE. 2010
PALM BEACH GARDENS, FL 33410

FEI Number: 20-3094584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICKSTEIN, FRED K ESQ
1395 BRICKELL AVENUE 14TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LICKSTEIN, DAVID A MD
Address: 927 45TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: LICKSTEIN, DAVID A MD
Address: 11020 RCA CENTER DRIVE STE. 2010
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. LICKSTEIN MD

DPST

04/28/2008

Electronic Signature of Signing Officer or Director

Date