


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90196 002 \*\*\*150.00

<b>DOCUMENT # P05000104085</b>	
1. Entity Name <b>JEFFREY FRIEDLANDER, INC.</b>	

Principal Place of Business <b>2802 WEST WATERS AVE. TAMPA, FL 33614</b>	Mailing Address <b>P.O. BOX 17679 TAMPA, FL 33682</b>
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2. Principal Place of Business - No P.O. Box # <b>823 East Colonial Dr</b>	3. Mailing Address <b>PO Box 17679</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando FL</b>	City & State <b>Tampa FL</b>
Zip <b>32803</b>	Zip <b>33682</b>
Country <b>USA</b>	Country <b>USA</b>

**40085949**

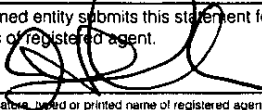


04062007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3436549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FRIEDLANDER, JEFFREY MD 1028 JEATER BEND DR CELEBRATION, FL 34747</b>	7. Name and Address of New Registered Agent Name <b>Same - no change</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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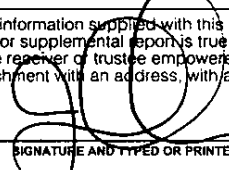
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Jeffrey Friedlander MD** 4/23/07  
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 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FRIEDLANDER, JEFFREY MD 1028 JEATER BEND DR CELEBRATION, FL 34747</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:**  **Jeffrey Friedlander MD** 4/23/07 407-898-8854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #