

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000107364**

1. Entity Name

PROMISE HEALTHCARE OF FLORIDA IX, INC.



Principal Place of Business

999 YAMATO ROAD  
THIRD FLOOR  
BOCA RATON FL 33431

Mailing Address

999 YAMATO ROAD  
THIRD FLOOR  
BOCA RATON FL 33431



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-3392972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ, WILLIAM M  
999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON FL 33431

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 title (if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS VAZQUEZ, WILLIAM M  
CITY-ST-ZIP 999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON FL 33431

TITLE ☐ Change ☐ Addition  
NAME U000000822457  
STREET ADDRESS 02/19/08-80068-009 150.00  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME P/D  
STREET ADDRESS KOSLOW, HOWARD  
CITY-ST-ZIP 999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON FL 33431

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

TITLE ☐ Delete  
NAME CEO  
STREET ADDRESS BARONOFF, PETER  
CITY-ST-ZIP 999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON FL 33431

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

TITLE ☐ Delete  
NAME TSD  
STREET ADDRESS LEDER, LAWRENCE  
CITY-ST-ZIP 999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON FL 33431

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DAWSON, MARK  
CITY-ST-ZIP 999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON FL 33431

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KANTERMAN, LARRY  
CITY-ST-ZIP 999 YAMATO ROAD, THIRD FLOOR  
BOCA RATON FL 33431

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 Section 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 address with an address, with all other like empowered.

SIGNATURE:

William M. Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/08

561-869-3100