

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000152976**

1. Entity Name

INFINITY HEALTH OF SOUTH FLORIDA, INC.



Principal Place of Business

1150 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024

Mailing Address

1150 N. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024



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 (10/06)

4. FEI Number **20-4103929**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BALLINGER, STEVEN R ESQ.**  
**888 SOUTH ANDREWS AVE.**  
**SUITE 205**  
**FORT LAUDERDALE FL 33316**

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 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**  
**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

TITLE **P** ☐ Delete  
NAME **WILSON, JOSEPH A JR.**  
STREET ADDRESS **1150 N. UNIVERSITY DRIVE**  
CITY-STATE-ZIP **PEMBROKE PINES FL 33024**

TITLE **VP** ☐ Delete  
NAME **GILDERMAN, LARRY I D.O.**  
STREET ADDRESS **1150 N. UNIVERSITY DRIVE**  
CITY-STATE-ZIP **PEMBROKE PINES FL 33024**

TITLE **TREA** ☐ Delete  
NAME **GILDERMAN, BRIAN**  
STREET ADDRESS **1150 N. UNIVERSITY DRIVE**  
CITY-STATE-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**U00000620073**  
**02/09/07-80023-002 150.00**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/07**

Date

Daytime Phone #