Jul 16 07 11:03a D Douglas Hill CPA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State
07-26-2007 90031 023 ***550.00

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07162007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000137227

1. Entity Name
CINDY N. SIROIS, M.D., P.A.

Principal Place of Business	Mailing Address
100 SOUTH BIRCH ROAD, APT 2705 FORT LAUDERDALE, FL 33316	100 SOUTH BIRCH ROAD, APT 2705 FORT LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4701 N. Federal Highway
Suite, Apt #, etc	Suite, Apt # etc: Ste C10
City & State	City & State: Fort Lauderdale, FL
Zip / Country	Zip: 33308 Country: US

4. FEI Number: 20-5774836 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIROIS, CINDY N M.D.
100 SOUTH BIRCH ROAD, APT 2705
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 ______________________________

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	D SIROIS, CINDY N M.D. 100 SOUTH BIRCH ROAD, APT 2705 FORT LAUDERDALE, FL 33316 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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] 7/19/07 954-778-3808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #