## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000142409

Entity Name: IOAN POP MD PA

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

3700 WASHINGTON STREET
SUITE 304
HOLLYWOOD, FL 33021
1001 N FEDERAL HWAY
SUITE 101
HALLANDALE, FL 33009

Current Mailing Address: New Mailing Address:

3700 WASHINGTON STREET
SUITE 304
HOLLYWOOD, FL 33021

2101 ATLANTIC SHORES BLVD
SUITE 309
HALLANDALE, FL 33009

FEI Number: 20-5858846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POP, IOAN
3700 WASHINGTON STREET
SUITE 304
HOLLYWOOD, FL 33021 US
POP, IOAN
2101 ATLANTIC SHORES BLVD
SUITE 309
HALLANDALE, FL 33009 US

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: 04/23/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: POP, IOAN Name: POP, IOAN

Address: 3700 WASHINGTON STREET SUITE 304 Address: 2101 ATLANTIC SHORES BLVD #309

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete Title: ADM ( ) Change (X) Addition

Name: Name: POP, SILVIA

Address: Address: 2101 ATLANTIC SHORES BLVD City-St-Zip: City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: SILVIA POP ADM 04/23/2007