2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90055 046 ***150.00

DOCUMENT # P0700006019 1. Entity Name FORMAN & ALTINO, P.A.					i	04-11-200	90055	046 ***:	150.00	
Principal Place	e of Business	Mailing Address								
	MMERCIAL BLVD., SUITE 2800 DALE, FL 33309		2101 W. COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309							
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04022008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State	City & State		4. FEI Number				Applied For	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F		<u> </u>		
ALTINO M	INCENT I	N:	Name							
ALTINO, VINCENT J 2101 W. COMMERCIAL BLVD., SUITE 2800 FT. LAUDERDALE, FL 33309			St	reet Address	dress (P.O. Box Number is Not Acceptable)					
			C	ity			FL	Zip Coc	le	
the obligat	e named entity submits this statement to tions of registered agent.	or the purpose of changing its	s registered of	ttice or registe	ered agent, or both	in the State of Fi	orida. Tam i	amhar with	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registeren Age	nt signature require	od when reinstaling)		DATE			
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa 1 Trust Fund Con			5.00 May Be ded to Fees					
10.	OFFICERS AND DIRECTORS 1				ADDITIONS/C	HANGES TO OFF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME	D FORMAN, ROBERT S	Delete	TITLE NAME					☐ Change	☐ Additior	
STREET AUDRESS OHY-S1-ZIP	2101 W. COMMERCIAL BLVD., FT. LAUDERDALE, FL 33309	SUITE 2800	STREET AD							
TITLE	D ALTINO MINOSPIT I	☐ Delete	TITLE					☐ Change	Addition	
name Street address City-St-Zip	2101 W. COMMERCIAL BLVD., SUITE 2800			DRESS ZIP						
TITLE		☐ Delete	TITLE		-			Change	Addition	
NAME STREET ADDRESS CITY-SI-ZIP			NAME STREET AD CITY-S1-7						-	
TITLE		☐ Delete	TITLE					Change	Additio	
NAME STREET ADDRESS			NAME STREET AG	DRESS						
CITY-S1-ZIP			CITY-SI-							
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TIFLE			STREET AT	DORESS						
NAME										
name Street address			CITY-SI-	ZIP						
NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby indicated of the co-	certify that the information supplied wild on this report or supplemental report reporation or the receiver or trustee empt, or on an attachment with an address	is true and accurate and trat powered to execute this repo	for the exemp t my signature art a required	tions containe	e same legal effect	as it made under	roath: that i :	am an office	r or director	
NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby indicated of the co	certify that the information supplied wild on this report or supplemental report or propration or the receiver or trustee empty, or on an attachment with an address	is true and accurate and trat powered to execute this repo	for the exemp t my signature art a required	tions containe	e same legal effect	as it made under	roath: that i :	am an office	r or director	