

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047617

Entity Name: SIMON ISAAC, M.D., P.A.

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

607 LONGMEADOW CIR
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PO BOX 915259
LONGWOOD, FL 327915259

New Mailing Address:

FEI Number: 20-8888907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAAC, SIMON
607 LONGMEADOW CIR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ISAAC, SIMON B MD
607 LONGMEADOW CIR
LONGWOOD, FL 32779 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: SIMON B ISAAC

07/09/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ISAAC, SIMON
Address: 607 LONGMEADOW CIR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ISAAC, SIMON B MD
Address: 607 LONGMEADOW CIR
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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: SIMON B ISAAC

MD

07/09/2008

Electronic Signature of Signing Officer or Director

Date