

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123070

FILED  
Jul 06, 2008  
Secretary of State

Entity Name: CHRISTOPHER BROOKS, M.D., P.A.

## Current Principal Place of Business:

511 S.E. 5TH AVENUE  
#1717  
FORT LAUDERALE, FL 33301

## New Principal Place of Business:

100 SE 15TH AVENUE  
FORT LAUDERALE, FL 33301

## Current Mailing Address:

511 S.E. 5TH AVENUE  
#1717  
FORT LAUDERALE, FL 33301

## New Mailing Address:

FEI Number: 26-1420204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, JEFFREY L  
54 N.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

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: D      ( ) Delete  
Name: BROOKS, CHRISTOPHER M.D.  
Address: 511 S.E. 5TH AVENUE, #1717  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change      ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTOPHER JM BROOKS, MD

D

07/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date