

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90042 041 ***150.00

DOCUMENT # P93000082599 1. Entity Name ALAN NETZMAN, D.O., P.A.					
Principal Place of Business 91555 OVERSEAS HIGHWAY SUITE #3 TAVERNIER, FL 33070 US			Mailing Address P.O. BOX 282 TAVERNIER, FL 33070		
2. Principal Place of Business - No P.O. Box # <i>91601 Overseas Highway</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Key Largo, FL</i>		City & State		4. FEI Number 65-0469704	
Zip <i>33037</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NETZMAN, ALAN 91555 OVERSEA HIGHWAY SUITE #3 TAVERNIER, FL 33070				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>91601 Overseas Highway</i> City <i>Key Largo</i> FL Zip Code <i>33037</i>	
8. The above named entity submits this information 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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				DATE <i>3/19/07</i> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NETZMAN, ALAN 91555 OVERSEAS HIGHWAY, SUITE #3 TAVERNIER, FL 33070	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>91601 Overseas Highway</i> <i>Key Largo, FL 33037</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>3/19/07</i> Daytime Phone # <i>305-852-9001</i>	