## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 03, 2006 8:00 am Secretary of State

DOCUMENT # P9400002518  1. Entity Name RICHARD A. WEINSTOCK, D.O., P.A.				03-03-2006 90101 009 ***150.00	
Principal Place of Business  3355 BURNS ROAD  #104  PALM BEACH GARDENS, FL 33410 US  Mailing Address  709 MARTIME WAY NORTH PALM BEACH, FL 33-			FL 33410 US	o us	
		3. Mailing Address			
2. Principal Place of Business 3.		s, Maining Address		T TREATHER IN THE FRIT BIRTH BIRTH BERTH BRITH BRITH BRITH HEADER AND THE BLESSER LIKE HER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number Applied For 65-0458490 Not Applied	
Zip · .	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current Reg	gistored Agent	<del>'                                     </del>	7. Name and Address of New Registered Agent	
WEINSTOCK, RICHARD A			Name WE11	NSTUCK, RICHARD	
2151 45 ST 107	, NICHAND A			dress (P.O. Box Number is Not Acceptable) S BURNS ROAD # 104	
	BCH, FL 33407		PALM	REALH GARDENS FL Zip Code 33410 registered agent, or both, in the State of Florida. I am familiar with, and acce	
FILE N	sof register theory with the state of registered agent and the state of registered agent	g. Election Campa Trust Fund Cont	• • –	WE'M STOCK  e required when reinstating)   DATE  \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIF	L COLORG		ADDITIONS IN LANGES TO DEFINE AND DIFFERENCE AND DI	
TITLE DI NAME W STREET ADDRESS 70	*****	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	
TITLE		☐ Detete	TITLE	Change Addit	

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 supplemental 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 application, with alpotter like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

WEINSTOCK

1/25/06

561-840-1911

Change

Addition