

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90113 038 ***150.00

DOCUMENT # P94000061749

1. Entity Name

ACR MEDICAL ARTS, INC.



Principal Place of Business

4400 N. FEDERAL HWY
17
BOCA RATON FL 33431
US

Mailing Address

14895 BUILTMORE WAY
207
DELRAY BEACH FL 33446
US

2. Principal Place of Business

16244 S. Military Trail
Suite, Apt. #, etc.
120

3. Mailing Address

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

City & State

Zip

33484

Country

USA

Zip

Zip

Country

Country

4. FEI Number

65-0514853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURSTEIN, R. RACHEL
5301 NW 2ND AVE, #PH-D
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name *Burstein R Rachel*

Street Address (P.O. Box Number is Not Acceptable)

14895 Builtmore Way

#207

City *Delray Beach*

FL

Zip Code

33446

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	BURSTEIN, R R	
STREET ADDRESS	5301 NW 2ND AVE #PHD	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burstein RR	
STREET ADDRESS	14895 Builtmore Way, #207	
CITY-ST-ZIP	Delray Beach FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.

SIGNATURE: *R Rachel Burstein* *R Rachel Burstein Pres* 5/6/05 561-367-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #