2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000068365

1. Entity Name JEFFREY SKLAR, M.D., P.A.



US

FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2650 SOUTH MCCALL RD ENGLEWOOD, FL 34224

US

2650 SOUTH MCCALL ENGLEWOOD, FL 34224

02192008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0520776 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKLAR, JEFFREY 2650 SOUTH MCCALL RD ENGLEWOOD, FL 34224

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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, Regi			Agent signature required when reinstating) DATE			_		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U0000084 03/13/08-80	15011 9021-023 i	50.00	
10. OFFICERS AND DIRECTORS		TORS	1 1 2				1	\$ p 10
TITLE NAME STREET ADDRESS CITY-S¥-ZIP	D SKLAR, JEFFREY 2650 S MCCALL RD ENGLEWOOD, FL						and the	
TITLE NAME STREET ADDRESS CITY-ST-ZiP					1			**
TITLE NAME								

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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 trifle and of burgle and they 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 empoyeded be 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:

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #