

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038395

FILED
Jan 04, 2007
Secretary of State

Entity Name: MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

5700 LAKE WORTH ROAD
SUITE #204
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5700 LAKE WORTH RD
204
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 65-0580501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIASECKI, PHILIP M
5700 LAKE WORTH ROAD
STE 204
LAKE WORTH, FL 33463 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KRASNER, STEPHEN E MD
Address: 5401 S CONGRESS AVENUE #102
City-St-Zip: ATLANTIS, FL 33462

Title: T/D () Delete
Name: LYSAKER, EARL J MD
Address: 5503 S CONGRESS AVENUE SUITE #205
City-St-Zip: ATLANTIS, FL 33462

Title: S/D () Delete
Name: LEVIN, ROBERT MD
Address: 1640 SOUTH CONGRESS AVE #103
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: ASLANIAN, GREGORY MD
Address: 8188 JOG ROAD SUITE 204
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: SIMONS, WILLIAM MD
Address: 5401 S CONGRESS AVE STE 218
City-St-Zip: ATLANTIS, FL 33462

Title: VD () Delete
Name: LUDWIG, P W MD
Address: 5401 S CONGRESS AVE STE 204
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T/D (X) Change () Addition
Name: SCHLEIN, ANDREW
Address: 6056 BOYNTON BCH BLVD #145
City-St-Zip: BOYNTON BCH, FL 33437

Title: S/D (X) Change () Addition
Name: BEHRENS, JEFF MD
Address: 4671 S CONGRESS #101
City-St-Zip: LAKE WORTH, FL 33461

Title: D (X) Change () Addition
Name: COWEN, PETER MD
Address: 5401 S CONGRESS #201
City-St-Zip: ATLANTIS, FL 33462

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

Title: VD (X) Change () Addition
Name: ROSENFELD, THOMAS MD
Address: 5401 S CONGRESS AVE STE 211
City-St-Zip: ATLANTIS, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHEN KRASNER

PD

01/04/2007

Electronic Signature of Signing Officer or Director

Date