

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

1096

FILED

07 JUL 13 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06142007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P95000038395</b> 1. Entity Name <b>MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.</b>					
Principal Place of Business <b>5700 LAKE WORTH ROAD SUITE #204 LAKE WORTH, FL 33463 US</b>			Mailing Address <b>5700 LAKE WORTH RD 204 LAKE WORTH, FL 33463 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0580501</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PIASECKI, PHILIP M 5700 LAKE WORTH ROAD STE 204 LAKE WORTH, FL 33463</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRASNER, STEPHEN E MD 5401 S CONGRESS AVENUE #102 ATLANTIS, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000105409890 07/19/07--01056--020 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SCHLEIN, ANDREW 6056 BOYNTON BCH BLVD #145 BOYNTON BCH, FL 33437	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BEHRENS, JEFF MD 4671 S CONGRESS #101 LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Goldstein, Mark, M.D. 140 JFK Drive Atlantis, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWEN, PETER MD 5401 S CONGRESS #201 ATLANTIS, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, WILLIAM MD 5401 S CONGRESS AVE STE 218 ATLANTIS, FL 33462	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENFELD, THOMAS MD 5401 S CONGRESS AVE STE 211 ATLANTIS, FL 33462	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b> _____ <span style="float: right;">7/5/2007</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

Document #P95000038395

## *Supplement to 2007 For Profit Corporation Amended Annual Report*

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP/D Levine, Felice, M.D. 5503 South Congress Avenue, Ste. 205 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP/D Sanchez, Carlos, M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP/D Heron, James, M.D. 5401 South Congress Avenue, Ste. 218 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Tomé, Robert E., M.D. 1490 Forest Hill Boulevard West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Rubin, Robert, M.D. 1490 Forest Hill Boulevard West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Khanal, Bhogendra N., M.D. 1490 Forest Hill Boulevard West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Braver, Robin, M.D. 1640 South Congress Avenue, Ste. 103 Palm Springs, FL 33461	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Cane, Edward M., M.D. 5503 S. Congress Ave., Ste. 205 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Davidson, Edmund F., M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Davis, William, M.D. 8188 Jog Road, Ste. 204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Dosdos, Alfredo R., M.D. 5401 South Congress Avenue, Ste. 201 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Goodman, Jeffrey, D.O. 3047 Forest Hill Boulevard, Ste. 42 West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Lira, Carlos, M.D. 3144 South Congress Avenue Lake Worth, FL 33461	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Manchon, Kenneth L., M.D. 5401 South Congress Avenue, Ste. 201 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Shinder, Stacy Pollak, M.D. 8188 Jog Road, Ste. 204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Speizman, David, D.O. 155 North Congress Avenue Boynton Beach, FL 33436	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Weiner, Eric J., M.D. 3199 Lake Worth Road Lake Worth, FL 33461	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Weinstein, Debra, M.D. 8188 Jog Road, Ste. 204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Dadi, Shaul, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Lakow, Michael, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Musaffi, Albert, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Simon, Mark A., M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP von Sohsten, Roberto L., M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Pinedo, Walter, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Hurwitz, Lyle, M.D. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Steinberg, Seth S., M.D. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Simon, Todd, D.O. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Bakst, Alan E., M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Maizes, Jay S., M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Weissberger, David, M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Zaltzman, Mathew L., M.D. 5401 South Congress Avenue, Ste. 204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Joshua, Gracy, M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Aslanian, Gregory, M.D. 8188 Jog Road, #204 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Inga, Jorge, M.D. 1490 Forest Hill Boulevard West Palm Beach, FL 33406	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Jacob, Marty, M.D. 155 North Congress Avenue Boynton Beach, FL 33426	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Levin, Robert, M.D. 1640 South Congress Ave., #103 Palm Springs, FL 33461	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Ludwig, P. William, M.D. 5401 South Congress Ave., #204 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Lysaker, Earl, M.D. 5503 South Congress Ave., #205 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP Medrano, Miles, M.D. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP	Asst. VP/CEO Piasecki, Philip 5700 Lake Worth Road, #204 Lake Worth, FL 33463	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Abraham, Geni A., M.D. 4671 South Congress Avenue, Ste. 101 Lake Worth, FL 33461	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Caceres, Jennifer, M.D. 6058 Boynton Beach Boulevard, Ste. 145 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Chernobelsky, Alexander, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Dudley, Robert, M.D. 2800 South Seacrest Boulevard, Ste. 240 Boynton Beach, FL 33435	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Ermine, Pamela, M.D. 155 North Congress Avenue Boynton Beach, FL 33426	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Friedman, Neil, M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Galbut, Brian, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Gare, Meir, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Harring, Charles, M.D. 5401 South Congress Avenue, Ste. 102 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Koti, Ravi, M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Kramer, Eric, M.D. 140 JFK Drive Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Lin, Paul, M.D. 3918 Via Poinciana, Ste. 1 Lake Worth, FL 33467	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Ojea, Joseph, M.D. 4956 Le Chalet Boulevard, Ste. 8 Boynton Beach, FL 33436	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY-ST-ZIP TITLE:	Asst. VP Rogovin, Mark, M.D. 8188 Jog Road, Ste. 205 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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NAME:	Asst. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS:	Shim, Christine, M.D.		
CITY-ST-ZIP	2800 South Seacrest Boulevard, Ste. 240		
TITLE:	Boynton Beach, FL 33435		
NAME:	Asst. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS:	Perla, Leslie, M.D.		
CITY-ST-ZIP	5401 South Congress Avenue, Ste. 211		
TITLE:	Atlantis, FL 33462		

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