


FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 049 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000038395		
1. Entity Name MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.		
Principal Place of Business 5700 LAKE WORTH ROAD SUITE #204 LAKE WORTH, FL 33463 US		Mailing Address 5700 LAKE WORTH RD 204 LAKE WORTH, FL 33463 US
DO NOT WRITE IN THIS SPACE		
		04012008 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0580501
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PIASECKI, PHILIP M. 5700 LAKE WORTH ROAD STE 204 LAKE WORTH, FL 33463		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRASNER, STEPHEN E MD 5401 S CONGRESS AVENUE #102 ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SCHLEIN, ANDREW 6056 BOYNTON BCH BLVD #145 BOYNTON BCH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GOLDSTEIN, MARK MD 140 JFK DRIVE ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWEN, PETER MD 5401 S CONGRESS #201 ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, WILLIAM MD 5401 S CONGRESS AVE STE 218 ATLANTIS, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENFELD, THOMAS MD 5401 S CONGRESS AVE STE 211 ATLANTIS, FL 33462	
DO NOT WRITE IN THIS SPACE		
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.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Daytime Phone # _____		

ATTACHMENT

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MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

Document #P95000038395

Supplement to
2008 For Profit Corporation 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 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 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 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:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Lira, Carlos, M.D.		
STREET ADDRESS:	3144 South Congress Avenue		
CITY-ST-ZIP:	Lake Worth, FL 33461		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Manchon, Kenneth L., M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 201		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Shinder, Stacy Pollak, M.D.		
STREET ADDRESS:	8188 Jog Road, Ste. 204		
CITY-ST-ZIP:	Boynton Beach, FL 33437		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Speizman, David, D.O.		
STREET ADDRESS:	155 North Congress Avenue		
CITY-ST-ZIP:	Boynton Beach, FL 33436		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Weiner, Eric J., M.D.		
STREET ADDRESS:	3199 Lake Worth Road		
CITY-ST-ZIP:	Lake Worth, FL 33461		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Weinstein, Debra, M.D.		
STREET ADDRESS:	8188 Jog Road, Ste. 204		
CITY-ST-ZIP:	Boynton Beach, FL 33437		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Dadi, Shaul, M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 102		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Lakow, Michael, M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 102		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Musaffi, Albert, M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 102		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Simon, Mark A., M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 102		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	von Sohsten, Roberto L., M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 102		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Pinedo, Walter, M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 102		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Hurwitz, Lyle, M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 211		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME:	Steinberg, Seth S., M.D.		
STREET ADDRESS:	5401 South Congress Avenue, Ste. 211		
CITY-ST-ZIP:	Atlantis, FL 33462		

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

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

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 # P95000038395

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Perla, Leslie, 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 Boyle, Thomas, M.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Vanden Bosch, Neda, M.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Stanton, William, M.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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