

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038395

FILED
Apr 18, 2011
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:

FERNANDEZ, MANNY
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

OFFICERS AND DIRECTORS:

Title: P/D
Name: KRASNER, STEPHEN E MD
Address: 5401 S CONGRESS AVENUE #102
City-St-Zip: ATLANTIS, FL 33462

Title: V/D
Name: GOLDSTEIN, MARK MD
Address: 140 JFK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: S/D
Name: ROSENFELD, THOMAS MD
Address: 5401 SOUTH CONGRESS AVE, #211
City-St-Zip: ATLANTIS, FL 33462

Title: T/D
Name: SANCHEZ, CARLOS MD
Address: 5401 SOUTH CONGRESS AVE, #204
City-St-Zip: ATLANTIS, FL 33462

Title: CEO
Name: FERNANDEZ, MANUEL A
Address: 5400 LAKE WORTH ROAD, #204
City-St-Zip: LAKE WORTH, FL 33463

Title: D
Name: HERON, JAMES MD
Address: 5401 SOUTH CONGRESS AVE, #218
City-St-Zip: ATLANTIS, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: MANUEL A. FERNANDEZ

CEO

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date

P95000038395
4-18-11

MEDICAL SPECIALISTS OF THE PALM BEACHES, INC.

Document #P95000038395

*Supplement to
2011 For Profit Corporation Annual Report*

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP/D Levine, Felice, M.D. 120 JFK Drive Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP/D Cowen, Peter, 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/D Lira, Carlos, M.D. 5401 South Congress Avenue, Ste. 211 Atlantis, FL 33462	<input checked="" type="checkbox"/> Change (correction in surname)	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP/D Levin, Robert, M.D. 1397 Medical Park Boulevard, Ste. 420 Wellington, FL 33414	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Schlein, Andrew, M.D. 6056 Boynton Beach Boulevard, #145 Boynton Beach, FL 33437	<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 checked="" 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. 12989 Southern Boulevard, #204 Loxahatchee, FL 33470	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Cane, Edward M., M.D. 5057 South Congress Ave., Ste. 402 Atlantis, FL 33461	<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. 8 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. 6056 Boynton Beach Boulevard, #145 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. 10111 Forest Hill Boulevard, Ste. 221 Wellington, FL 33414	<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, Stacey Pollak, M.D. 6056 Boynton Beach Boulevard, #145 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. 2015 Ocean Drive, #8 Boynton Beach, FL 33426	<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 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 Sohten, 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

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. 6056 Boynton Beach Boulevard, #145 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input 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 type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Jacob, Marty, M.D. 2015 Ocean Drive, #8 Boynton Beach, FL 33426	<input type="checkbox"/> Change	<input 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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Lyssaker, Earl, M.D. 1397 Medical park Boulevard, #340 Wellington, FL 33414	<input type="checkbox"/> Change	<input 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 type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Abraham, Geni A., M.D. 205 JFK Drive Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Chernobelsky, Alexander, 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 Dudley, Robert, M.D. 2800 South Seacrest Boulevard, Ste. 240 Boynton Beach, FL 33435	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Ermine, Pamela, M.D. 2015 South Ocean Drive, #8 Boynton Beach, FL 33426	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Galbut, Brian, 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 Gare, Meir, 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 Harring, Charles, 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 Kramer, Eric, M.D. 140 JFK Drive Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Lin, Paul, 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 Ojea, Joseph, M.D. 4956 Le Chalet Boulevard, Ste. 8 Boynton Beach, FL 33436	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Rogovin, Mark, M.D. 8188 Jog Road, Ste. 205 Boynton Beach, FL 33437	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Shim, Christine, M.D. 2800 South Seacrest Boulevard, Ste. 240 Boynton Beach, FL 33435	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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. 5401 South Congress Avenue, Ste. 105 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP VandenBosch, Neda, M.D. 5401 South Congress Avenue, Ste. 105 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Stanton, William, M.D. 5401 South Congress Avenue, Ste. 105 Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Goldenberg, James, M.D. 140 JFK Drive Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Joshua, Baskaran, 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 Simons, William, 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 Berkman, Andrew, M.D. 5401 South Congress Avenue, #201 Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Gitin, Yakov, M.D. 1397 Medical Park Boulevard, Ste. 300 Wellington, FL 33414	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Gottsegen, Joshua, M.D. 12957 Palms West Drive, Ste. 201 Loxahatchee, FL 33470	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Jurcik, Yvonne, M.D. 140 JFK Drive Atlantis, FL 33462	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Pangan, Editha, M.D. 1397 Medical Park Boulevard, Ste. 300 Wellington, FL 33414	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Raxenberg, Andrew, M.D. 2015 Ocean Drive, #8 Boynton Beach, FL 33426	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Sherman, Frederick, 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 Abraham, Thomas, M.D. 205 JFK Drive Atlantis, FL 33462	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	Asst. VP Feinstein, Trevor, M.D. 3918 Via Poinciana, #1 Lake Worth, FL 33467	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

TITLE:	Asst. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	Seedal, Denzil, M.D.		
STREET ADDRESS:	5401 South Congress Avenue, #204		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	Mateo, Casandra, M.D.		
STREET ADDRESS:	140 JFK Drive		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	Gunther, Elizabeth, D.O.		
STREET ADDRESS:	120 JFK Drive		
CITY-ST-ZIP:	Atlantis, FL 33462		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	Shiman Marc, M.D.		
STREET ADDRESS:	6056 Boynton Beach Blvd. # 145		
CITY-ST-ZIP:	Boynton Beach, FL 33437		
TITLE:	Asst. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME:	Spiegel, Jennifer, M.D.		
STREET ADDRESS:	5401 S. Congress Ave. #105B		
CITY-ST-ZIP:	Allantis, FL 33462		

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