

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000054097

Entity Name: IRL L. EXTEIN, M.D., P.A.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

SOUTH COUNTY PROFESSIONAL CENTRE
16244 SOUTH MILITARY TRAIL, #325
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

SOUTH COUNTY PROFESSIONAL CENTRE
16244 SOUTH MILITARY TRAIL, #325
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-0595425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: P () Delete
Name: EXTEIN, IRL L
Address: 7501 MAHOGANY BEND PL
City-St-Zip: BOCA RATON, FL 33434

Title: ST () Delete
Name: EXTEIN, BARBARA
Address: 7501 MAHOGANY BEND PL
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: IRL L EXTEIN MD

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date