

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000072407

**FILED**  
**Feb 10, 2008**  
**Secretary of State**

**Entity Name:** MARWAN ISKANDARANI, M.D., P.A.

**Current Principal Place of Business:**

85 NW 168 ST  
SUITE A  
NORTH MIAMI, FL 33169 US

**New Principal Place of Business:**

16800 N.W. 2ND AVENUE  
SUITE 202  
NORTH MIAMI BEACH, FL 33169 US

**Current Mailing Address:**

16041 WEST TROON CIRCLE  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

**FEI Number:** 65-0619209      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KURZWEIL, HOWARD E  
328 MINORCA AVENUE  
SECOND FLOOR  
CORAL GABLES, FL 33134 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:** ISKANDARANI, MARWAN M.D.  
**Address:** 16041 W. TROON CIRCLE  
**City-St-Zip:** MIAMI LAKES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** MARWAN ISKANDARANI, M.D.

PD

02/10/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date