


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90011 020 \*\*\*150.00

<b>DOCUMENT # P95000081194</b>	
1. Entity Name MORTON S. CORIN, M.D., P.A.	

Principal Place of Business 7100 W. 20TH AVENUE SUITE 512 HIALEAH, FL 33016	Mailing Address 7100 W. 20TH AVENUE SUITE 512 HIALEAH, FL 33016
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40037500



**DO NOT WRITE IN THIS SPACE**

02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0627047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BLVD. SUITE 505 AVENTURA, FL 33180
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**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 remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORIN, MORTON S M.D. 7100 W. 20TH AVENUE, SUITE 512 HIALEAH, FL 33016
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**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: Morton S. Corin, M.D. Date: 3/14/06 (305) 821-5220



ATTACHMENT

40037307

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2006

MORTON S. CORIN, M.D., P.A.  
7100 W. 20TH AVENUE  
SUITE 512  
HIALEAH, FL 33016

Subject: MORTON S. CORIN, M.D., P.A.

Reference Number: P95000081194

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION