## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 24, 2008 8:00 am Secretary of State

DOCUMENT # P96000084344  1. Entity Name ERIC M. FISCHER, P.A.							03-24-2008	3 90076	002 ***15	50.00	
Principal Plac	e of Business	Mailing Address								,	
661 UNIVERSITY BLVD. 661 UNIVERSITY BLVD.								5	0001	Ne	
SUITE 200 SUITE 200								U	90014	75	
JUPITER, FL	33458	JUPITER, FL 33458				1 1881/8881 116 1	DISD 01111 DOIN 00111 00	SII GDIDI IDIN O			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	g Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03112008	Chg-P	CR2E	034 (12/06)		
City & Stat	ė	City & State				4. FEI Number			Ap	plied For	
		7			65-0699	448			t Applicable		
Zip	Country	Zip	Coun	try		5. Certificate of	f Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent				7. Name and /	Address of New I	Registered	,		
					Name						
FISCHER, ERIC M ESQ. 661 UNIVERSITY BLVD.				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 200			Street Addie.								
JUPITER, FL 33458											
				City				FL	Zip Cod	9	
The above named entity submits this statement for the purpose of changing its register					r register	ed agent, or both	in the State of F		··	and accept	
	tions of registered agent.	- · · · / / · · · · · · · · · · · ·								a a	
SIGNATURE.											
0.0101101122	Signature, typed or printed name of registered agen	t and title if applicable. (NOT)	: Registere	d Agent signat	ure required	when reinstating)		DATE			
		9. Election Campa	an Einar	noina	¢ e	00					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.				ېت. Add	00 May Be ed to Fees					
10.	OFFICERS AND		T 44			ADDITIONO	VIANOED TO OF	EIOCEO ANI	- Discotor	- 15.5 a.s	
TITLE	DPST	Delete Delete	11. Ditt		DPS	7	CHANGES TO OF	FICERS AN	Change	Addition	
NAME	FISCHER, ERIC M				CICCUER FRIC M				∐ Addition		
STREET ADDRESS			STRE	ET ADDRESS	661	University Blue. Suite 200 piter, FL 33458					
CITY-ST-ZIP	WEST PALM BEACH, FL 33410		CITY	-ST-ZIP	301	piter, Fl	3345	<b>8</b>			
TITLE		☐ Delete	THILE						☐ Change	☐ Addition	
NAME			NAM								
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE		☐ Deiete	TITLE		-	<del></del>			☐ Change	☐ Addition	
NAME		☐ Delete	MAM						☐ Change		
STREET ADDRESS			STRE	ET ADDRESS					i.	"	
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE	•	☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS			NAM	E et address							
CITY-ST-ZIP				·ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME		C Delete	NAM						— onenge		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP		, , <u></u>	CITY	·ST-ZIP							
TITLE		☐ Delete	TITLE					-	☐ Change	Addition	
NAME STREET ADDRESS			NAM								
CITY-ST-ZIP				ET ADDRESS -ST-7IP							

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 eath; 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 DIFICER OR DIRECTOR

3/11/08 561630.5055 Daytime Phone #