## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 01, 2007 8:00 am Secretary of State **DOCUMENT # P96000097848** 02-01-2007 90043 001 \*\*\*100 00 1. Entity Name WESTON PROFESSIONAL & MEDICAL EXECUTIVE 02-01-2007 90043 002 \*\*\*\*50.00 OFFICES, INC. Principal Place of Business Mailing Address 2385 EXECUTIVE CENTER DRIVE 2385 EXECUTIVE CENTER DRIVE SUITE 270 SUITE 270 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01052007 Chg-P City & State City & State 4. FEI Number Applied For 65-0730753 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISMAN, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 2385 EXECUTIVE CENTER DRIVE **SUITE 270** BOCA RATON, FL 33431 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE S. WEISMAN Denange Add WEISMAN, WILLIAM S WILLIAM NAME NAME 2385 Everofue STREET ADDRESS 2101 CORPORATE BLVD., STE. 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP BORA RATUN FL 33431 Change Addition TITLE ☐ Delete DANIEL S. MANDEL CHANGE Addition DASI W. Palmette PARIC ROAD, Sin to 306 TITLE NAME MANDEL, DANIEL S NAME STREET ADDRESS 2101 CORPORATE BLVD., STE. 300 STREET ADDRESS FL 33433 CITY - ST - ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE □ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP des not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if her like empowered. 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is taken of the corporation or the receiver or trustee emp changed, or on an attachment with an address SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIR

FILED