

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035496

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: AYUB, SOKOL, MATZKOWITZ AND SENNABAUM, M.D.'S, P.A.

**Current Principal Place of Business:**

7651 MEDICAL DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7651 MEDICAL DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 59-3442271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, SHELDON P ESQ  
P.O. BOX 66569  
ST. PETERSBURG BEACH, FL 33736 US

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

DAVIS, SHELDON ESQ  
P.O. BOX 66569  
ST. PETERSBURG BEACH, FL 33736 US

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: SHELDON DAVIS, ESQ

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: MATZKOWITZ, ARTHUR  
Address: 7651 MEDICAL DR  
City-St-Zip: HUDSON, FL 34667

Title: PD ( ) Delete  
Name: SOKOL, GERALD  
Address: 7651 MEDICAL DR  
City-St-Zip: HUDSON, FL 34667

Title: VP ( ) Delete  
Name: AYUB, JORGE  
Address: 7651 MEDICAL DR  
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete  
Name: SENNABAUM, JOSEPH  
Address: 7651 MEDICAL DRIVE  
City-St-Zip: HUDSON, FL 34667

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

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

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

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: JORGE AYUB, MD

VP

01/05/2006

Electronic Signature of Signing Officer or Director

Date