

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000056703

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: JASON POZNER, M.D., P.A.

**Current Principal Place of Business:**

4800 N FEDERAL HWY  
C101  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N FEDERAL HWY  
C101  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 65-0964784      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POZNER, JASON N M.D.  
4800 N FEDERAL HWY  
C101  
BOCA RATON, FL 33431 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: P ( ) Delete  
Name: POZNER, JASON  
Address: 4800 N FEDERAL HWY, SUITE C101  
City-St-Zip: BOCA RATON, FL 33431

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

Title: MR (X) Change ( ) Addition  
Name: POZNER, JASON  
Address: 4800 N FEDERAL HWY, SUITE C101  
City-St-Zip: BOCA RATON, FL 33431

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: JASON POZNER

MR

04/30/2008

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

\_\_\_\_\_ Date