


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90014 004 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P97000098275</b>                                 |  |
| 1. Entity Name<br><b>MEDICAL IPA OF THE PALM BEACHES, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1119 ROYAL PALM BEACH BLVD.<br/>ROYAL PALM BEACH, FL 33411</b> | Mailing Address<br><b>1119 ROYAL PALM BEACH BLVD.<br/>ROYAL PALM BEACH, FL 33411</b> |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01062005 Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0851056</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent        |          |
| <b>AUERBACH, MARC H ESQ.<br/>100 S.E. 2ND STREET<br/>SUITE 2800<br/>MIAMI, FL 33131</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>STECHSHULTE, WILLIAM M.D.<br/>1119 ROYAL PALM BEACH BLVD.<br/>ROYAL PALM BEACH, FL 33411</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>Stechschulte, William D.O.<br/>1119 Royal Palm Bch Blvd<br/>Royal Palm Beach, FL 33411</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP<br/>Camerlinck, Robert D<br/>1119 Royal Palm Bch Blvd<br/>Royal Palm Bch, FL 33411</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VP<br/>Martinez, Jose M.D.<br/>10115 Forest Hill Blvd #102<br/>Wellington, FL 33414</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>P<br/>Ali,kan, Ahmed M.D<br/>4175 S. Congress Ave Suite E<br/>Lake Worth, FL 33461</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*W. Stechschulte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**561-790-0789**  
Daytime Phone #