
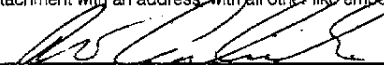


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

| | | |
|---|--|---|
| DOCUMENT # P97000098275 1. Entity Name MEDICAL IPA OF THE PALM BEACHES, INC. | |  |
| Principal Place of Business 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 | Mailing Address 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 100 S.E. 2ND STREET SUITE 2800 MIAMI, FL 33131 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STECHSCHULTE, WILLIAM DO 1119 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CAMERLINCK, ROBERT D 1119 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MARTINEZ, JOSE MD 10115 FOREST HILL BLVD # 102 WELLINGTON, FL 33414 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALIKAN, AHMED MD 4175 S CONGRESS AVE STE E LAKE WORTH, FL 33461 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date <u>12/20/06</u> Daytime Phone # <u>561-790-2876</u> |



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0851056

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000001344137
01/26/06-80039-002 150.00

**DO NOT WRITE
IN THIS SPACE**