

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90219 042 \*\*\*150.00

**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**

00001000



2. Principal Place of Business - No P.O. Box #  
**1410 Royal Palm Beach Blvd**  
Suite, Apt. #, etc.  
**Suite A**  
City & State  
**Royal Palm Beach, FL**  
Zip  
**33411**  
Country  
**USA**

3. Mailing Address  
**1410 Royal Palm Beach Blvd**  
Suite, Apt. #, etc.  
**Suite A**  
City & State  
**Royal Palm Beach, FL**  
Zip  
**33411**  
Country  
**USA**

01052007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0851056**  
Applied For  
☐ Not Applicable

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

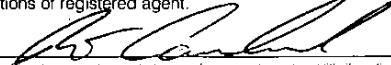
6. Name and Address of Current Registered Agent

**AUERBACH, MARC H ESQ.  
100 S.E. 2ND STREET  
SUITE 2800  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**Camerlinck, Robert D**  
Street Address (P.O. Box Number is Not Acceptable)  
**1410 Royal Palm Bch Blvd**  
**Suite A**  
City  
**Royal Palm Beach** **FL** Zip Code  
**33411**

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  **Robert Camerlinck VP** **1/5/07**  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
**D**  
NAME  
**STECHSCHULTE, WILLIAM DO** ☐ Delete  
STREET ADDRESS  
**1119 ROYAL PALM BEACH BLVD.**  
CITY-ST-ZIP  
**ROYAL PALM BEACH, FL 33411**

TITLE  
**V**  
NAME  
**CAMERLINCK, ROBERT D** ☐ Delete  
STREET ADDRESS  
**1119 ROYAL PALM BEACH BLVD**  
CITY-ST-ZIP  
**ROYAL PALM BEACH, FL 33411**

TITLE  
**V**  
NAME  
**MARTINEZ, JOSE MD** ☐ Delete  
STREET ADDRESS  
**10115 FOREST HILL BLVD # 102**  
CITY-ST-ZIP  
**WELLINGTON, FL 33414**

TITLE  
**P**  
NAME  
**ALIKAN, AHMED MD** ☐ Delete  
STREET ADDRESS  
**4175 S CONGRESS AVE STE E**  
CITY-ST-ZIP  
**LAKE WORTH, FL 33461**

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

TITLE  
☐ Delete  
NAME  
☐ Delete  
STREET ADDRESS  
☐ Delete  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D** ☒ Change ☐ Addition  
NAME  
**Stechschulte, William DO**  
STREET ADDRESS  
**1410 Royal Palm Bch Blvd**  
CITY-ST-ZIP  
**Royal Palm Beach, FL 33411**

TITLE  
**V** ☒ Change ☐ Addition  
NAME  
**Camerlinck, Robert D**  
STREET ADDRESS  
**1410 Royal Palm Bch Blvd**  
CITY-ST-ZIP  
**Royal Palm Beach, FL 33411**

TITLE  
**V** ☒ Change ☐ Addition  
NAME  
**Martinez, Jose, MD**  
STREET ADDRESS  
**10115 Forest Hill Blvd # 102**  
CITY-ST-ZIP  
**Wellington, FL 33414**

TITLE  
**P** ☒ Change ☐ Addition  
NAME  
**Ali Khan, Ahmed, MD**  
STREET ADDRESS  
**5055 S. Congress Ave Suite 303**  
CITY-ST-ZIP  
**Lake Worth, FL 33461**

TITLE  
☐ Change ☐ Addition  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
☐ Change ☐ Addition  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
☐ Change ☐ Addition  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
☐ Change ☐ Addition  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:  **Robert Camerlinck VP** **1/5/07** **561-70-2876**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #