

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000098275

1. Entity Name

MEDICAL IPA OF THE PALM BEACHES, INC.



Principal Place of Business

1410 ROYAL PALM BEACH BLVD
STE A
ROYAL PALM BEACH, FL 33411

Mailing Address

1410 ROYAL PALM BEACH BLVD
STE A
ROYAL PALM BEACH, FL 33411



01082008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
1410 ROYAL PALM BEACH BLVD
SUITE A
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 _____

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, 2008 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
STREET ADDRESS	1410 ROYAL PALM BEACH BLVD
CITY-STATE-ZIP	WEST PALM BEACH, FL 33411
TITLE	V
NAME	CAMERLINCK, ROBERT D
STREET ADDRESS	1410 ROYAL PALM BEACH BLVD
CITY-STATE-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	V
NAME	MARTINEZ, JOSE MD
STREET ADDRESS	10115 FOREST HILL BLVD #102
CITY-STATE-ZIP	WELLINGTON, FL 33414
TITLE	P
NAME	ALIKAN, AHMED MD
STREET ADDRESS	5055 S CONGRESS AVE STE 303
CITY-STATE-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/11/08-80037-017 150.00

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

1/8/08

Date

5617902876

Daytime Phone #