

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098275

FILED
Mar 24, 2009
Secretary of State

Entity Name: MEDICAL IPA OF THE PALM BEACHES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0851056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUERBACH, MARC H ESQ.
1410 ROYAL PALM BEACH BLVD
SUITE A
MIAMI, FL 33131 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: D () Delete
Name: STECHSCHULTE, WILLIAM DO
Address: 1410 ROYAL PALM BEACH BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: V () Delete
Name: CAMERLINCK, ROBERT D
Address: 1410 ROYAL PALM BEACH BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: V () Delete
Name: MARTINEZ, JOSE MD
Address: 10115 FOREST HILL BLVD #102
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: ALIKAN, AHMED MD
Address: 5055 S CONGRESS AVE STE 303
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: MARTINEZ, JOSE MD
Address: 3319 STATE ROAD 7, # 215
City-St-Zip: WELLINGTON, FL 33449

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT D. CAMERLINCK

V

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date