

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000104575		
1. Entity Name ALLAN GITTMAN, M.D., P.A.		

Principal Place of Business 3773 N. FEDERAL HWY POMPANO BEACH FL 33064	Mailing Address 3773 N. FEDERAL HWY POMPANO BEACH FL 33064
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2. Principal Place of Business 3773 N. Federal Hwy	3. Mailing Address 3773 N. Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

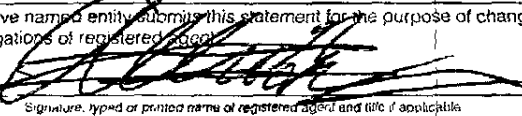
City & State Pompano Beach	City & State Pompano Beach FL
Zip FL 33064	Country Broward

4. FEI Number 65-0801205	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GITTMAN, ALLAN M.D. 2312 NE 27TH STREET LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

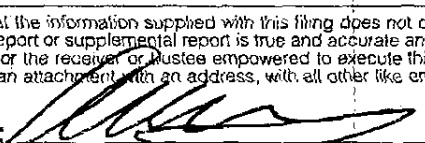
SIGNATURE:  (NOTE: Registered Agent signature required when revalidating)

DATE: **2-1-2006**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTMAN, ALLAN M.D. 2312 NE 27TH STREET LIGHTHOUSE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000431716 02/23/06-80038-022 150.00	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2-1-2006** (954) 941-888