## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000107095**

Entity Name

CHARLES TERMIN, M.D., P.A.



FILED Feb 22, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6141 SUNSET DRIVE #401 6141 SUNSET DRIVE

#401

MIAMI, FL 33143

MIAMI, FL 33143



## DO NOT WRITE IN THIS SPACE

02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0801966 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERMIN, CHARLES MD 6141 SUNSET DRIVE SUITE 401 SOUTH MIAM!, FL 33143

## DO NOT WRITE IN THIS SPACE

	, <del></del>					
	named entity submits this statement for the parents of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florid	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed manie of registered again; and title	if aculicable (NOIF Broistere	d Agent Sonature	e require(( when reinstating)	<del></del>	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	(4-52,F.34)		Select or ear	(新夏·罗克斯·斯克斯) [1817]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TERMIN, CHARLES MD 6141 SUNSET DRIVE #401 SOUTH MIAMI, FL 33143				9 000000083 02/29/08-80	4734 004-002 150:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO.	NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SP/	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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: \_

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

305/667-45//