2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000702

Entity Name: ARMAND BRAUN, M.D., P.A.

FILED Jan 16, 2007 Secretary of State

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | |
|---|---------------------------------|------------------------------------|--|--|
| 1101 W HIBISCUS BLVD STE. 201 WEST MELBOURNE, FL | | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| P.O. BOX 877 MELBOURNE, FL 39901 | US | | | |
| FEI Number: 59-3485539 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| BRAUN, ARMAND 1101 W HIBISCUS BLVD STE. 201 WEST MELBOURNE, FL | 32901 US | | | |
| The above named entity s in the State of Florida. | ubmits this statement for the p | ourpose of changing its registered | I office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| Election Campaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: DPST () Name: BRAUN.ARMAN | Delete D | Title: Name: | () Change () Addition | |

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 DPST
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 () Chang

 Name:
 BRAUN, ARMAND
 Name:

 Address:
 1101 W HIBISCUS BLVD #201
 Address:

 City-St-Zip:
 WEST MELBOURNE, FL 32901
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMAND BRAUN MDPA MR 01/16/2007