

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000702

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

6245 N FEDERAL HWY  
SUITE 201  
FT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

2400 E. COMMERCIAL BLVD  
SUITE 723  
FT LAUDERDALE, FL 33308 US

**Current Mailing Address:**

6245 N FEDERAL HWY  
SUITE 201  
FT LAUDERDALE, FL 33308 US

**New Mailing Address:**

2400 E. COMMERCIAL BLVD  
SUITE 723  
FT LAUDERDALE, FL 33308 US

**FEI Number:** 59-3485539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAUN, ARMAND B  
6245 N FEDERAL HWY  
STE. 201  
FT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

BRAUN, ARMAND MD  
2400 E. COMMERCIAL BLVD  
SUITE 723  
FT LAUDERDALE, FL 33308 US

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:** ARMAND BRAUN

02/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** BRAUN, ARMAND MD  
**Address:** 2400 E. COMMERCIAL BLVD SUITE 723  
**City-St-Zip:** FT LAUDERDALE, FL 33308

I hereby 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 all other like empowered.

**SIGNATURE:** ARMAND BRAUN

DR

02/18/2010

Electronic Signature of Signing Officer or Director

Date