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2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 01, 2008 08:00 AN Secretary of State DOCUMENT # P98000005788 JAY LANCE FALK, M.D., P.A. Mailing Address Principal Place of Business 1720 S COOK AVE 111 OAKLEIGH LN ORLANDO, FL 32806 MAITLAND, FL 32751 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 59-3493286 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FALK, JAY MD 1720 S COOK AVE ORLANDO, FL 32806 IN THIS SPACE 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 DATE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Again) signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE FALK, JAY L M.D. NAME 111 OAKLEIGH LANE STREET ADDRESS CITY - ST - ZIP MAITLAND, FL 32751 U00000809817 TITLE 02/08/08-80087-013 150.00 NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 all other like empowered

SIGNATURE:

TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SMAN STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED