## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P99000014234

1. Entity Name

NEIL B. ZUSMAN, M.D., P.A.



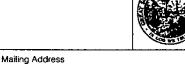
FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

3430 TAMIAMI TRAIL

SUITE A

PORT CHARLOTTE, FL 33952



PO BOX 495658

PORT CHARLOTTE, FL 33949

02142008 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0893639

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

ZUSMAN, NEIL B M.D. 3430 TAMIAMI TR SUITE A

PORT CHARLOTTE, FL 33952

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered			Agent signature required when reinstating)	DATF.
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	100 6 6342	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUSMAN, NEIL B M.D. 3430 TAMIAMI TRAIL, SUITE A PORT CHARLOTTE, FL 33952			U00000920614
TITLE NAME STREET ADDRESS CITY-ST-ZIP				43/17/00/10/05/27/00 130/00 13
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1		NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

GER OR DIRECTOR

1D Neil B. Zusman, MD. 4/21/08 941-624-450