

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90048 022 ***150.00

DOCUMENT # P99000015802					
1. Entity Name JERRY PERLMUTTER D.P.M., P.A.					
Principal Place of Business 5800 COLONIAL DRIVE SUITE 203 MARGATE, FL 33063			Mailing Address 5800 COLONIAL DRIVE SUITE 203 MARGATE, FL 33063		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0898836	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERCMUTTER, JERRY 2500 COLONIAL DRIVE #203 MARGATE, FL 33063			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$450.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PERLMUTTER, JERRY <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6341 NW 57TH WAY	CITY-ST-ZIP PARKLAND, FL 33067		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.					
SIGNATURE:			1/12/05 954-974-0494		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		