2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 20, 2006 08:00 AM DOCUMENT # P99000015802 **Secretary of State** 1. Entity Name JERRY PERLMUTTER D.P.M., P.A. Principal Place of Business Mailing Address 5800 COLONIAL DRIVE 5800 COLONIAL DRIVE SUITE 203 MARGATE FL 33063 SUITE 203 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE 4. FEI Number Applied For City & State City & State 65-0898836 Not Applicable Country \$8.75 Additional Country Ziρ Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PERCMUTTER, JERRY Street Address (P.O. Box Number is Not Acceptable) 2500 COLONIÁL DRIVE #203 MARGATE FL 33063 Zip Code City 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. 374O Signature, typed or printed meme of registered agent and 1110 if applicable (NOTE: Registered Agent signal-life required when roinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addis-TITLE Detete TITLE U000004435 MAME NAME PERLMUTTER, JERRY 03/06/06-80016-004 150.00 STREET ADDRESS 6341 NW 57TH WAY STREET ADDRESS DITY-ST-21P CATY-SI-ZIP PARKLAND FL 33067 ☐ Change ☐ Addii Delete 7331.E TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE 🗀 Спалае □ A.: \*\*\*\* Delete TITLE NAME NAME STREET AGORESS STREET ADDRESS CRTY-\$7-27P CRTY-ST-70 ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □1 Change 日松 ☐ Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S7-21P ☐ Ac-☐ Change Delete MŒ NAME NAME STREET AGORESS STREET ADORESS CITY-ST-ZIP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 directly of the corporation or the receiver or traffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment with an appears, with all other like empowered.

10 cmuster

SIGNATURE:

**FILED** 

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