2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTE MAME OF SHOTTING OFFICER OR DIRECTOR

FILED Jan 31, 2007 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT				Jan 31, 2007 08:00 A		
DOCUM	ENT # P990000186	19			Secr	etary of State
1. Entity Name DR. JONAH A. WASSERMANN, P.A.						
DR. JONAIT	A. WASSERWANN, P.A.					
Principal Place of	Business	Mailing Address				
19050 FOX LANDING DRIVE 19050 FOX LANDING DRIVE BOCA RATON, FL 33434 US BOCA RATON, FL 33434 U			IS			
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	:	er e		5. Certificate of St	atus Desired	Fee Required
	6. Name and Address of Current Re		i i i i i i i i i i i i i i i i i i i	12 April 1 1125 No.	기 (1) (韓 1987년 - 18) (1994년 (17) (8) (4) (1) (韓國 (17) (17) (17) (17) (17)	
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	ned entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or both, in	the State of Floric	a. I am familiar with, and accept
-	or togatorou agoss.					
SIGNATURE	alure, typed or printed name of registered agent and t	ila if applicable. (NOTE Registers	id Agent signature required	whèn reinstating)		DATE
FILE N After May	IOW!!! FEE IS \$150.00 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees		
10.	OFFICERS AND DIF	ECTORS	<u> </u>			The second secon
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TITLE NAME						Francisco (Santonia) (Santonia) (Santonia) Barantaria (Santonia) (Santonia) (Santonia)
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NAME STREET ADDRESS					******	

12. I hereby certify that the Information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutas. 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 untiler eath; that I am an officer or director of the corporation or the receiver or trustee embowered to effect 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.