

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 039 ***150.00

DOCUMENT # P99000024668

1. Entity Name
HOMESTEAD PHYSICIANS, INC.



Principal Place of Business
**7700 N KENDALL DR, SUITE 405
MIAMI, FL 33156**

Mailing Address
**7700 N KENDALL DR, SUITE 405
MIAMI, FL 33156**

40006836



2. Principal Place of Business
8660 W. FLAGLER ST
Suite, Apt. #, etc.
#200

3. Mailing Address
8660 W. FLAGLER ST
Suite, Apt. #, etc.
#200

01102006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-0903039

Applied For
Not Applicable

Zip
33144

Country
USA

Zip
33144

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N KENDALL DR, SUITE 405
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name **LORN LEITHAN**

Street Address (P.O. Box Number is Not Acceptable)
8660 W. FLAGLER ST

#200

City **MIAMI**

FL

Zip Code **33144**

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **PD**
STREET ADDRESS **NATEMAN, DAVID R**
CITY-ST-ZIP **2851 SEMINOLE DR
COCONUT GROVE, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 OFFICER OR DIRECTOR

Date

Daytime Phone #

David Nateman 1/24/06 315-225-5126