


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90198 011 ***150.00

DOCUMENT # P99000031224		
1. Entity Name J. LOUIS KORMAN OD, PA		

Principal Place of Business 8220 CLEARY BLVD., STE. 2210 PLANTATION, FL 33324	Mailing Address 8220 CLEARY BLVD., STE. 2210 PLANTATION, FL 33324
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2. Principal Place of Business <i>11891 Royal Palm Blvd</i>	3. Mailing Address <i>11891 Royal Palm Blvd</i>
Suite, Apt. #, etc. <i>#203</i>	Suite, Apt. #, etc. <i>#203</i>

City & State <i>Coral Springs FL</i>	City & State <i>Coral Springs FL</i>
Zip <i>33065</i>	Zip <i>33065</i>
Country <i>USA</i>	Country <i>USA</i>



03102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0910472		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KORMAN, J. LOUIS 8220 CLEARY BLVD., STE. 2210 PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name <i>11891 Royal Palm Blvd #203</i> Street Address (P.O. Box Number is Not Acceptable) <i>Coral Springs</i> City <i>FL</i> Zip Code <i>33065</i>

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 *J. Louis Korman* President DATE *3/31/06*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORMAN, J. LOUIS 8220 CLEARY BLVD., STE. 2210 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11891 Royal Palm Blvd #203</i> <i>Coral Springs FL 33065</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *J. Louis Korman* DATE *3/31/06* DAYTIME PHONE # *(954) 344-8127*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR