2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 8:00 am Secretary of State

DOCUMENT # P99000042000 1. Entity Name DAVID A. FREEDMAN, P.A.								01-11-2008		015 ***1	50.00
Principal Place of Business 2699 S BAYSHORE DR 10TH FLOOR MIAMI, FL 33131			Mailing Address 2331 TIGERTAIL CT. MIAMI, FL 33133			Crystel				1 (1 88 (4 86 (1) 89	111 21 11 1 22 1
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.			Sui	ite, Apt. #, etc.		01072008	Chg-P	CR2E	34 (12/06)		
City & State			Cit	y & State		4. FEI Numb 65-092			- + -	oplied For ot Applicable	
Zip	_	Country Zip)	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	e and Address of Current	ed Agent		Name	7. Name and	Address of New Re	gistered	Agent		
FREEDMAN, DAVID A 2699 S BAYSHORE DR 10TH FLOOR MIAMI, FL 33133						Street Address (P.O. Box Number is Not Acceptable)					
IVIIAIVII, FL	33133	_				City			FL	Zip Cod	e
8. The above	named entit	y submits this statement for	or the pur	pose of changing its	register	Led office or register	red agent, or bo	th, in the State of Flor	ida. Lam	familiar with,	and accept
•	iioris or regis	lered agea.		-	1	10					
SIGNATURE.	Signature pred	or printed name of registered agent	and title if ap	pplicable. (NOTI	E: Registe/o	d Agent signature required	t when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.		.00 May Be ed to Fees							
10.	PST	OFFICERS AND	DIRECTO		11.		ADDITIONS	CHANGES TO OFFIC	CERS AND		
TITLE NAME		AN, DAVID A		☐ Delete TITL						☐ Change	☐ Addition
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12. Thereby certify that the information supplied with this filling 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:											
SIGNAT	URF:	0 h		O KIND	A	FREED	n nu DES.	1/7/0	8 30	-1818-	2900
SIGNAL	JIXE	SIGNATURE AND TYPED OR	PRINTED NA	ME OF SIGNING OFFICER	OR DIRECT	TOR V	DES.	Date /	D	aytime Phone #	

PRES.