

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000080306

1. Entity Name
NORTHPOINT MEDICAL, P.A.



Principal Place of Business

**6405 N FEDERAL HWY
STE 205
FORT LAUDERDALE, FL 33308**

Mailing Address

**6405 N FEDERAL HWY
STE 205
FORT LAUDERDALE, FL 33308**



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0947318

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRALICH, TODD A MD
6405 N FEDERAL HWY
STE 205
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000911606
05/07/08-80047-014 158.75

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FRALICH, TODD MD**
STREET ADDRESS **6405 N FEDERAL HWY STE 205**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE
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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 #

Todd Fralich, MD

4-16-2008 954-7722411