2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # P99000105323 1. Enlity Name ERIC M. PACHTER, M.D., P.A.				05-03-2005 9	00121 023 ***150	1.00
Principal Plac	e of Business	Mailing Address				
601 FLAMING		601 FLAMINGO RD				
402		402				
PEMBROOK PINES, FL 33028 PEMBROOK PINES, FL 33028			28	1 (68) (60) (60 (69) (69) (69)		
2. Principal Place of Business 601 N Flamingv Rd 601 N Flam		ningoRd				
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 402		04282005 Chg-P	CR2E034 (10/03)	
City & State	e 0 -,	City & State	nes FL	4. FEI Number		plied For
<u>Pembro</u>		Pembroke Pi		65-0965569		Applicable
^{Zip} 33ロ2		33028	US A	5. Certificate of Status Desired	S8.75 Add Fee Required	
	6. Name and Address of Current Re	egistered Agent	Name .	7. Name and Address of New Ro	egistered Agent	
MEIAMED ELLIOT				H Melamed		
12460 WEST ATLANTIC BLVD			Street Addres	s (P.O. Box Number is Not Acceptable) Blud	
CORAL SP	PRINGS, FL		1546	U W MAIWHIC	510/2	
1			Sity CC 1	Sacions	FL Zip-Sode	<u></u>
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 tale if applicable (NOTE: Registered Agent signature required when reinstating) DATF						
	Significial typed or printed name or registered again and	півів і таррікавне — (1907 г., годум	18(60 Witten pilitames rode	red when remaining)	DAIF	
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	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contribution		5.00 May Be dded to Fees		
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of the corporation of 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