

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
May 20, 2008 8:00 am
Secretary of State

04-17-2008 90012 030 ***150.00

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1. Entity Name
Y. AARON KAWEBLUM, M.D. MOHEL, INC.



Principal Place of Business
7678 NEWPORT TERR.
BOCA RATON, FL 33433

Mailing Address
7678 NEWPORT TERR.
BOCA RATON, FL 33433

66011068



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0970630

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAWEBLUM, Y. AARON
7678 NEWPORT TERR.
BOCA RATON, FL 33433

**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 if principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KAWEBLUM, Y. AARON
7678 NEWPORT TERR.
BOCA RATON, FL 33433

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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:

5/12/08