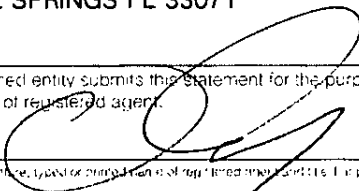
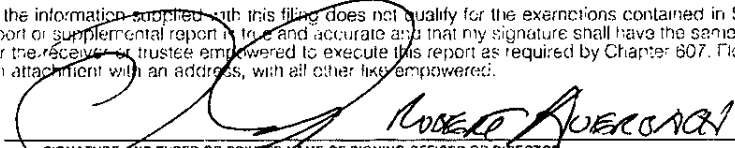


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # S74651 1. Entity Name ROBERT A. AUERBACH, P.A.																																																																																					
Principal Place of Business 1890 UNIVERSITY DR SUITE 306 CORAL SPRINGS FL 33071			Mailing Address 1890 UNIVERSITY DR SUITE 306 CORAL SPRINGS FL 33071																																																																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																			
4. FEI Number 65-0283430				Applied For ☐ Not Applicable																																																																																	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																	
6. Name and Address of Current Registered Agent AUERBACH, ROBERT A 1890 UNIVERSITY DR. 306 CORAL SPRINGS FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																		
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  ROBERT AUERBACH 3/28/08 Signature, typed or printed name of registered agent, and date. (NOTE: Registered Agent signature required when filing online.)																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>AUERBACH, ROBERT A</td> <td>1890 UNIVERSITY DR. 306</td> <td>CORAL SPRINGS FL 33071</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		AUERBACH, ROBERT A	1890 UNIVERSITY DR. 306	CORAL SPRINGS FL 33071		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition																																																																	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **ROBERT AUERBACH** **3/28/08** **254,745.00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR