2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 31, 2008 08:00 AN DOCUMENT # V29492 1. Entity Name **Secretary of State** BRUCE L. SALTZ, M.D., P.A. Principal Place of Business Mailing Address 4800 N. FEDERAL HIGHWAY 4800 N. FEDERAL HIGHWAY SUITE E-102 SUITE E-102 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0325808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALTZ, BRUCE L Street Address (P.O. Box Number is Not Acceptable) 5651 NW 38TH TERRACE **BOCA RATON FL 33496** City 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. If am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed harry of registered agent and title Tamplication. (NOTE: Registered Agent a popular required whon remetiturig) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change Addition U00000876008 MAME SALTZ, BRUCE L. NAME 04/11/08-80056-020 150.00 STREET ADDRESS 4800 N. FEDERAL HWY SUITE 102E STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33481** CITY-ST-ZIP TITLE Derete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete fifth Change ____ Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Defete TITLE Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP

12. Thereby certify that the information supplied with this filling 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 frue and accurate and that my signature shall have the same legal effect as if made under path: that I am an officer or director of the corporation or the receiver or tustee 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.

NAME

STREET ADDIRESS

CITY - ST - ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

3/20/08

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☐ Change

Addition

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