
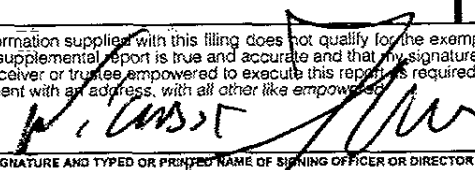


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # V68947 1. Entity Name NICUSOR IEREMIA, M.D., P.A.		
Principal Place of Business 7280 W. PALMETTO PARK ROAD SUITE 103 BOCA RATON, FL 33433-3401		Mailing Address 7280 W. PALMETTO PARK ROAD SUITE 103 BOCA RATON, FL 33433-3401
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent IEREMIA, NICUSOR 7280 W PALMETTO PARK RD #103 STE 301A BOCA RATON, FL 33433-3401		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD IEREMIA, NICUSOR 7280 W. PALMETTO PK RD, #103 BOCA RATON, FL 334333401	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-3-07</u> Daytime Phone # _____



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0358611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/10/07-80002-023 150.00

**DO NOT WRITE
IN THIS SPACE**