

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050631

Entity Name: SCHLAKMAN MEDICAL, INC.

FILED  
Mar 19, 2006  
Secretary of State

**Current Principal Place of Business:**

2548 HUNTERS RUN WAY  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2548 HUNTERS RUN WAY  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 91-2193449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STETTIN, ERIC ESQUIRE  
2665 EXECUTIVE PARK DRIVE  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: SCHLAKMAN, BRUCE M.D.  
Address: 2548 HUNTERS RUN WAY  
City-St-Zip: WESTON, FL 33327

Title: VST ( ) Delete  
Name: SCHLAKMAN, CHARNA  
Address: 2548 HUNTERS RUN WAY  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE SCHLAKMAN

D/P

03/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date