


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 600452**

1. Entity Name  
**STEMERMAN, LAZARUS, SIMOVITCH, BILLINGS, FINER AND GINSBURG, M.D.'S, P.A.**



Principal Place of Business      Mailing Address

**7001 SOUTH WEST 87 AVENUE  
 MIAMI, FL 33173**      **7001 SOUTH WEST 87 AVENUE  
 MIAMI, FL 33173**

**DO NOT WRITE IN THIS SPACE**



01202005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-1220419**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHMAN, LEWIS  
 9130 S. DADELAND BLVD.  
 MIAMI, FL 33156**

**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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMOVITCH, HARVEY
STREET ADDRESS	5740 SW 118 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	FINER, MICHAEL
STREET ADDRESS	10520 SW 126 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	GINSBURG, MARK
STREET ADDRESS	10302 SW 141 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	LEDERHANDLER, JUDITH
STREET ADDRESS	7440 SW 106 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000192818  
 01/25/05-80035-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mark GINSBURG*      **MARK GINSBURG**      1/24/05      305-271-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #