


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 29 AM 11:07

DOCUMENT # 600452					
<b>1. Entity Name</b> STEMERMAN, LAZARUS, SIMOVITCH, BILLINGS, FINER AND GINSBURG, M.D.'S, P.A.					
Principal Place of Business 7001 SOUTH WEST 87 AVENUE MIAMI, FL 33173			Mailing Address 7001 SOUTH WEST 87 AVENUE MIAMI, FL 33173		
<b>2. Principal Place of Business - No P O Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State		4. FEI Number <b>59-1220419</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  FISHMAN, LEWIS 9130 S. DADELAND BLVD. MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P O Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (HOFF Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIMOVITCH, HARVEY		NAME	JANA MYERS	
STREET ADDRESS	5740 SW 118 ST.		STREET ADDRESS	7870 SW 143 ST MIAMI, FL 33158	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINER, MICHAEL		NAME		
STREET ADDRESS	10520 SW 126 ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GINSBURG, MARK		NAME	200129221322	
STREET ADDRESS	10302 SW 141 ST.		STREET ADDRESS	05/13/08--01030--025 **\$61.25	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEDERHANDLER, JUDITH		NAME		
STREET ADDRESS	7440 SW 106 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Harvey Simovitch</i>		Date: 4/17/08		Daytime Phone #: 305 271 8222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

11/30/08