

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601813

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: HERSHMAN & HERSHMAN, P.A.

**Current Principal Place of Business:**

11479 S.W. 40TH STREET  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

11479 S.W. 40TH STREET  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 59-1299464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HERSHMAN, LLOYD  
11479 SW 40 ST  
MIAMI, FL 33165      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: P      ( ) Delete  
Name: HERSHMAN, LLOYD  
Address: 11479 SW 40 ST (BIRD RD)  
City-St-Zip: MIAMI, FL

Title: S      ( ) Delete  
Name: LOPEZ, MARIA  
Address: 11479 BIRD ROAD  
City-St-Zip: MIAMI, FL

Title: P      ( ) Delete  
Name: HERSHMAN, KENNETH  
Address: 11479 SW 40 ST (BIRD RD)  
City-St-Zip: MIAMI, FL

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

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

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 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 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: LLOYD S. HERSHMAN, M.D.

P

04/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date