

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601813

FILED
Apr 15, 2009
Secretary of State

Entity Name: HERSHMAN MEDICAL CENTER, 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: VP () Delete
Name: HERSHMAN, KENNETH
Address: 11479 SW 40 ST (BIRD RD)
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: LOPEZ, MARIA
Address: 11479 BIRD ROAD
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change () Addition
Name: HERSHMAN, KENNETH
Address: 11479 SW 40 ST (BIRD RD)
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify 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: LLOYD HERSHMAN, M.D.

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date