

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600452

**FILED**  
**Jan 27, 2021**  
**Secretary of State**  
**4600895362CC**

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

**Current Principal Place of Business:**

7001 SOUTH WEST 87 AVENUE  
MIAMI, FL 33173

**Current Mailing Address:**

7001 SOUTH WEST 87 AVENUE  
MIAMI, FL 33173

**FEI Number: 59-1220419**

**Certificate of Status Desired: No**

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

FISHMAN, LEWIS  
7700 NORTH KENDALL DRIVE.  
408  
MIAMI, FL 33156 US

*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

**Officer/Director Detail :**

Title S  
Name FINER, MICHAEL  
Address 10520 SW 126 ST.  
City-State-Zip: MIAMI FL 33176

Title T  
Name GINSBURG, MARK  
Address 10302 SW 141 ST.  
City-State-Zip: MIAMI FL 33176

Title PRESIDENT  
Name MYERS, JANA  
Address 7870 S.W. 143 ST  
City-State-Zip: MIAMI FL 33158

Title DIRECTOR  
Name KUHN, KAREN  
Address 13721 S.W. 97 AVENUE  
City-State-Zip: MIAMI FL 33176

*I hereby 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 all other like empowered.*

**SIGNATURE: CHRISTIANE TRUJILLO**

**OFFICE MANAGER**

**01/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date