

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 601813

**Entity Name:** HERSHMAN MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-1299464**

**Certificate of Status Desired: No**

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

HERSHMAN, LLOYD  
11479 SW 40 ST  
MIAMI, FL 33165 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	P	Title	VP
Name	HERSHMAN, LLOYD	Name	HERSHMAN, KENNETH
Address	11479 SW 40 ST (BIRD RD)	Address	11479 SW 40 ST (BIRD RD)
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

*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: LLOYD HERSHMAN, M.D.**

**PRESIDENT**

**01/13/2014**

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

\_\_\_\_\_  
Date