

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 478384

1. Entity Name
ALTSCHULER & JOHR, M.D. P.A.



Principal Place of Business

**21110 BISCAYNE BLVD.
301
AVENTURA, FL 33180 US**

Mailing Address

**21110 BISCAYNE BLVD.
301
AVENTURA, FL 33180 US**



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1605839	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALTSCHULER, MARK A., M.D.
21110 BISCAYNE BLVD.
301
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALTSCHULER, MARK A
STREET ADDRESS	21110 BISCAYNE BLVD., #301
CITY-ST-ZIP	AVENTURA, FL

TITLE	STD
NAME	JOHR, BERNARD M
STREET ADDRESS	21110 BISCAYNE BLVD., #301
CITY-ST-ZIP	AVENTURA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/17 ✓

Date

305 731 7650

Daytime Phone #