

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90012 019 \*\*\*150.00

**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**

66003430



02052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1605839**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/13/8**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PO
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	

**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

DATE

Daytime Phone #

**2/14/8**

**305 731 7650**