

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 489876

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: ELIAS M. HERSCHMANN M.D., P.A.

## Current Principal Place of Business:

4701 N MERIDIAN AVE  
STE 4210  
MIAMI BEACH, FL 33140 US

## New Principal Place of Business:

## Current Mailing Address:

4701 N MERIDIAN AVE  
STE 4210  
MIAMI, FL 33140 US

## New Mailing Address:

FEI Number: 59-1633993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, HOWARD F  
10800 BISCAYNE BLVD  
STE 870  
MIAMI, FL 33161 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: PD ( ) Delete  
Name: HERSCHMANN, ELIAS M,  
Address: 4430 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL

Title: S ( ) Delete  
Name: HERSCHMANN, ELIAS M,  
Address: 4430 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: KATZ, AARON,  
Address: 3600 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL

Title: D ( ) Delete  
Name: HYMAN, ALAN,  
Address: 333 ARTHUR GODFREY RD  
City-St-Zip: MIAMI BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HERSCHMANN, ELIAS M,  
Address: 4430 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELIAS M HERSCHMANN MD

PD

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date