

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 489876

1. Entity Name

ELIAS M. HERSCHMANN M.D., P.A.



1st MOORE

CRZE034 (10/05)

4. FEI Number

59-1633993

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, HOWARD F
10800 BISCAYNE BLVD
STE 870
MIAMI FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May L
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	HERSCHMANN, ELIAS M	
STREET ADDRESS	4430 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	S	☐ Delete
NAME	HERSCHMANN, ELIAS M	
STREET ADDRESS	4430 PINE TREE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☐ Delete
NAME	KATZ, AARON	
STREET ADDRESS	3600 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	☐ Delete
NAME	HYMAN, ALAN	
STREET ADDRESS	333 ARTHUR GODFREY RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11000011422305
02/17/06-80008-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] ELIAS M. HERSCHMANN 1/24/06 3055347211