2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# 489876

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

Current Principal Place of Business:

4701 N MERIDIAN AVE
STE 4214
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4701 N MERIDIAN AVE
STE 4214
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 33140	
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:	533 WEST 47 STREET	
City-St-Zip:	MIAMI BEACH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated 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 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 04/01/2008

Electronic Signature of Signing Officer or Director Date