

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 536531**

1. Entity Name

PRIMARY CARE PHYSICIANS OF HOLLYWOOD, P.A.



Principal Place of Business

CAPRICCIO PLAZA  
2488 N. UNIVERSITY DR  
PREMBROKE PINES FL 33024  
US

Mailing Address

CAPRICCIO PLAZA  
2488 N. UNIVERSITY DR  
PREMBROKE PINES FL 33024  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/07)

4. FEI Number **59-1757296**

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

PAUL SALVER  
2721 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON FL 33331

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 5, 2007**

**Make Check Payable to Florida Department of State.**

S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D MEZERHANE, MIGUEL M.D.**  
STREET ADDRESS **CAPRICCIO PLAZA, 2488 N. UNIVERSITY DR**  
CITY- ST- ZIP **PREMBROKE PINES FL 33024**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP **U00000771838**  
**08/10/07-80003-002 550.00**

TITLE ☐ Delete  
NAME **D ISSA, MOISES M.D.**  
STREET ADDRESS **CAPRICCIO PLAZA, 2488 N. UNIVERSITY DR**  
CITY- ST- ZIP **PREMBROKE PINES FL 33024**

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

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CITY- ST- ZIP

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CITY- ST- ZIP

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

*August 7, 07* **954-983-9191**