

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 563746

1. Entity Name

SOBEL & SOFMAN, M.D., P.A.



Principal Place of Business
4340 SHERIDAN ST.
HOLLYWOOD FL 33021

Mailing Address
4340 SHERIDAN ST.
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1824908

Applied For
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOBEL, STUART A.
4340 SHERIDAN ST.
UNIT 101-C
HOLLYWOOD FL 33021

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME SOBEL, STUART A.
STREET ADDRESS 3700 N. 54 AVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000035035
02/06/04-80004-022 150.00

TITLE S ☐ Delete
NAME SOBEL, ELEANOR
STREET ADDRESS 3700 N. 54 AVE.
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE V ☐ Delete
NAME SOFMAN, MICHAEL
STREET ADDRESS 1683 SW 116 AVENUE
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Stuart Sobel MD 2/3/04 954 98335-33