

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 582475**

1. Entity Name

HARVEY J. BROMAN, PH.D., P.A.



Principal Place of Business

18305 NW 12TH ST.  
HOLLYWOOD, FL 33029 US

Mailing Address

18305 NW 12TH ST.  
PEMBROKE PINES, FL 33029 US

**DO NOT WRITE IN THIS SPACE**



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-1840666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROMAN, HARVEY  
18305 NW 12TH ST.  
C/O HARVEY J BOWMAN PH.D P.A  
PEMBROKE PINES, FL 32029

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BROMAN, HARVEY J.  
STREET ADDRESS 18305 NW 12TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000740847  
01/24/06-80013-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Harvey J. Broman Ph.D. PA*  
HARVEY J. BROMAN PH.D. PA

1-16-06 934 538-6882  
Date Daytime Phone #