
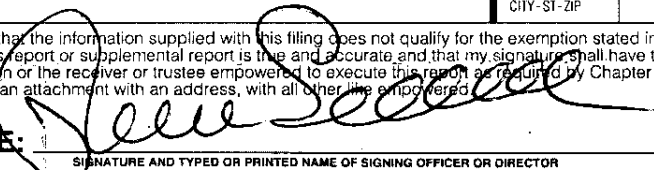


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90004 027 \*\*\*150.00

<b>DOCUMENT # 600080</b> 1. Entity Name <b>DRS. SEGALL, HERZBERG AND BRICIO PROFESSIONAL ASSOCIATION</b>					
Principal Place of Business <b>4302 ALTON ROAD, SUITE 750 MIAMI BEACH, FL 33140</b>			Mailing Address <b>4302 ALTON ROAD, SUITE 750 MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business <b>4302 Alton Rd</b> Suite, Apt. #, etc. <b>#750</b>		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>Miami Beach Fla.</b>		City & State		4. FEI Number <b>59-0941578</b>	
Zip <b>33140</b>		Country <b>DADE</b>		5. Certificate of Status Desired, <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SEGALL, PETER H., M.D. 4302 ALTON ROAD, SUITE 750 MIAMI BEACH, FL 33140</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SEGALL, PETER MD 4302 ALTON RD, STE 750 MIAMI BCH, FL 33140</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD HERZBERG, BERNARD MD 4302 ALTON ROAD, SUITE 750 MIAMI BCH, FL 33140</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BRICIO, EUGENIO MD 4302 ALTON RD. STE. 750 MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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 line empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

44046124



03132003 Chg-P CR2E034 (10/03)

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# 44046124  
Division of Corporations

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Business Entity Name

DRS. SEGALL, HERZBERG AND BRICIO PROFESSIONAL ASSOCIATION

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title PD  
Name (Last, First, Middle, Title) SEGALL PETER MD  
-or- Entity Name  
Street Address 4302 ALTON RD, STE 750  
City, State MIAMI BCH FL  
Zip Code & Country 33140

Title VTD  
Name (Last, First, Middle, Title) HERZBERG BERNARD MD  
-or- Entity Name  
Street Address 4302 ALTON ROAD, SUITE 750  
City, State MIAMI BCH FL  
Zip Code & Country 33140

Title SD  
Name (Last, First, Middle, Title) BRICIO EUGENIO MD  
-or- Entity Name  
Street Address 4302 ALTON RD. STE. 750  
City, State MIAMI BEACH FL  
Zip Code & Country 33140

Title  
Name (Last, First, Middle, Title)  
-or- Entity Name  
Street Address

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Business Entity Name

DRS. SEGALL, HERZBERG AND BRICIO PROFESSIONAL ASSOCIATION

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

590941578

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

4302 ALTON ROAD, SUITE 750

Suite, Apt. #, etc.

City, State

MIAMI BEACH

FL

Zip Code &amp; Country

33140

## Mailing Address

Address

4302 ALTON ROAD, SUITE 750

Suite, Apt. #, etc.

City, State

MIAMI BEACH

FL

Zip Code &amp; Country

33140

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

SEGALL, PETER H., M.D.

Address

4302 ALTON ROAD, SUITE 750

Suite, Apt. #, etc.

City, State

MIAMI BEACH

FL

Zip Code &amp; Country

33140

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

*Attachment*  
*44046124* # *00080*

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

**-or- Entity Name**

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

**-or- Entity Name**

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature  *[Signature]*

[Sunbiz Home Page](#)

[Public Access Help](#)

Attachment

44046124

DRS. SEGALL, HERZBERG AND BRICIO, P.A.

PETER H. SEGALL, M.D., F.A.C.C.  
BERNARD HERZBERG, M.D., F.A.C.C.  
EUGENIO M. BRICIO, M.D., F.A.C.C.

4302 ALTON ROAD  
SUITE 750  
MIAMI BEACH, FLORIDA 33140  
TELEPHONE (305) 538-8504  
FAX (305) 538-1487

#600080

May 5, 2004

Fla Dept of State Division of Corporation  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Document #600080

This is to inform you that we never received the prior notice to file the annual report.  
Enclosed please find annual report forms and check for the amount of \$150.00.

Sincerely



Carmen Gandara  
Accounting Department