

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90080 043 ***150.00

DOCUMENT # 600231

1. Entity Name
INTERNAL MEDICINE ASSOCIATES OF HOLLYWOOD,
P.A.



Principal Place of Business
2500 E. HALLANDALE BEACH BLVD.
SUITE 300-B
HALLANDALE BEACH, FL 33009

Mailing Address
2500 E. HALLANDALE BEACH BLVD.
SUITE 300-B
HALLANDALE BEACH, FL 33009

24002708



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1098019

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KLEIN, THEODORE J
88 NE 168 STREET
N MIAMI BEACH, FL 33162

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

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 HIRSCH, HENRY D MD
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.,SUITE 300-B
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE TVP ☒ Delete
NAME GREENBERG, EDWARD H MD
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.,SUITE 300-B
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE SD ☐ Delete
NAME OXENHANDLER, SCOTT L MD
STREET ADDRESS 2500 E. HALLANDALE BEACH BLVD.,SUITE 300-B
CITY-ST-ZIP HALLANDALE BEACH, FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

13 Jan 4