

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 600314**

1. Entity Name  
**SALTZMAN, TANIS, PITTELL, LEVIN & JACOBSON, INC.**



Principal Place of Business  
**PEDIATRIC ASSOCIATES**  
**4620 N ST RD 7 BLDG H STE 316**  
**LAUDERDALE LAKES, FL 33319**

Mailing Address  
**PEDIATRIC ASSOCIATES**  
**4620 N ST RD 7 BLDG H STE 316**  
**LAUDERDALE LAKES, FL 33319**



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1198552**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GERSON, PRESTON, ROBINSON & COMPANY, P.A.**  
**666 71ST ST**  
**MIAMI BEACH, FL 33141**

**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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVIN, M.D. P
STREET ADDRESS	16100 VIA MONTEVERDE
CITY-ST-ZIP	DELRAY BCH, FL 33446
TITLE	V
NAME	SHULMAN, M.D. P
STREET ADDRESS	3237 S PORT ROYAL DR
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	S
NAME	JACOBSON, M.D. J
STREET ADDRESS	4220 VAN BUREN ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	T
NAME	LIEBERMAN, M.D. G
STREET ADDRESS	11600 ISLAND RD
CITY-ST-ZIP	COOPER CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80061-008 150.00

**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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07

Date

Daytime Phone #