

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:24

DOCUMENT # 603019 (1)

1. Corporation Name

HIRSCH, STRASSBERG, KENWARD AND VIZOSO, M.D.'S,
P.A.

Principal Place of Business

Mailing Address

7300 S.W. 62 PL 3RD FLOOR
S MIAMI FL 33143-4813

7300 S.W. 62 PL 3RD FLOOR
S MIAMI FL 33143-4813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/11/1971

3a. Date of Last Report
02/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1358526

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIRSCH, NATHAN B
7300 S.W. 62 PL.
SOUTH MIAMI FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Printed Name, Title, and Address)

Signature of Registered Agent (Printed Name, Title, and Address)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STRASSBERG, RICHARD M
STREET ADDRESS	7300 S.W. 62 PL.
CITY, ST, ZIP	S MIAMI FL
TITLE	TD
NAME	HIRSCH, NATHAN B
STREET ADDRESS	7300 S.W. 62 PL.
CITY, ST, ZIP	S MIAMI FL
TITLE	VPD
NAME	KENWARD, DEBRA G.
STREET ADDRESS	7300 S.W. 62 PL.
CITY, ST, ZIP	S MIAMI FL
TITLE	SD
NAME	VIZOSO, JAVIER M
STREET ADDRESS	7300 SW 62 PLACE
CITY, ST, ZIP	S. MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number