

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **604239** (4)

1. Corporation Name

LOUIS LEMBERG, M.D., P.A.



Principal Place of Business

Mailing Address

**3661 S MIAMI AVENUE
SUITE 606
MIAMI FL 33133-4214
US**

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SUITE 606
MIAMI FL 33133-4214
US**

3. Date Incorporated or Qualified
03/29/1973

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1450566

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing

☐

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

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

25

Country

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEMBERG, LOUIS

**3661 S MIAMI AVENUE STE 606
MIAMI FL 33132**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

LEMBERG, LOUIS

12 NAME

STREET ADDRESS

3661 S. MIAMI AVENUE

13 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL

14 CITY-STATE-ZIP

TITLE

SD

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

ENRIQUEZ, MICHELLE

22 NAME

STREET ADDRESS

3661 S. MIAMI AVENUE

23 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL

24 CITY-STATE-ZIP

TITLE

VD

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

DIAMOND, MARY B.

32 NAME

STREET ADDRESS

3661 S. MIAMI AVENUE

33 STREET ADDRESS

CITY-STATE-ZIP

MIAMI FL

34 CITY-STATE-ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-STATE-ZIP

44 CITY-STATE-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-ZIP

TITLE

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-73-96 (305) 856-2330

CR2E034 (12/95)