

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 27 1997 8:00am  
Secretary of State

DOCUMENT # 621353

(2)

i. Corporation Name

ISAAC CHERVONY, M.D. P.A.



Principal Place of Business

1680 MICHIGAN AVENUE  
SUITE 919  
MIAMI BEACH FL 33139

Mailing Address

1680 MICHIGAN AVENUE  
SUITE 919  
MIAMI BEACH FL 33139-2514

3. Date Incorporated or Qualified  
05/10/1979

3a. Date of Last Report  
01/23/1996

2. Principal Place of Business

i 1710 Cleveland Road

2a. Mailing Address

26 1710 Cleveland Road

Suite, Apt #, etc

Suite, Apt #, etc

City & State

Miami Beach FL

City & State

28 Miami Beach FL

Zip

Country

33141 USA

Zip

Country

29 33141 USA

4. FEI Number

59-1914570

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. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHERVONY, ISAAC, M.D.  
1710 CLEVELAND AVENUE  
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name Chervony, Isaac, M.D.

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

83 1710 Cleveland Road

84 City Miami Beach

FL

85 Zip Code 33141

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

*Isaac Chervony*

(NOTE: Registered Agent signature required when reinstating)

1-12-97

DATE

2. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHERVONY, ISAAC, M.D.	
STREET ADDRESS	1710 CLEVELAND AVENUE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chervony, Isaac, M.D.	
1.3 STREET ADDRESS	1710 Cleveland Road	
1.4 CITY - ST - ZIP	Miami Beach FL 33141	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

4. I do 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 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:

*Isaac Chervony*

1-12-97

Date

(305) 865-3025

Daytime Phone #

0100500

CP2E034 (9/96)