

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90052 046 ***150.00

DOCUMENT # 632004

1. Entity Name
NORMAN WIESENTHAL, M.D., P.A.



Principal Place of Business
**4440 SHERIDAN STREET
HOLLYWOOD, FL 33021**

Mailing Address
**4440 SHERIDAN STREET
HOLLYWOOD, FL 33021**

60002443



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1932406

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WIESENTHAL, NORMAN (DR.)
4440 SHERIDAN STREET
HOLLYWOOD, FL 33021**

**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 reinstating)

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 PD
NAME WIESENTHAL, NORMAN
STREET ADDRESS 4440 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD, FL

TITLE STD
NAME ZUCKER, FLORENCE
STREET ADDRESS 4440 SHERIDAN ST.
CITY-ST-ZIP HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**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:

Norman Wiesenenthal M.D. (NORMAN WIESENTHAL M.D.)

Date

Daytime Phone #

Jan 12 07 (954) 963-4280