


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F56675</b> 1. Entity Name HOWARD KURZNER, M.D., P.A.	
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Principal Place of Business  
9150 S.W. 87 AVE., STE.100  
MIAMI, FL 33176

Mailing Address  
9150 S.W. 87 AVE., STE.100  
MIAMI, FL 33176



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2139744	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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**6. Name and Address of Current Registered Agent**

KURZNER, HOWARD M.D.  
13475 SW 63RD COURT  
MIAMI, FL 33156

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURZNER, HOWARD, M.D. 13475 SW 63RD COURT MIAMI, FL
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1100000371294  
07/07/05-80011-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-05 305-596-4747  
Date Daytime Phone #