

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90452 017 ***150.00

DOCUMENT # G16882

1. Entity Name
ROBERT M. HERMAN, P.A.



Principal Place of Business
**8751 W BROWARD BLVD
SUITE 106
PLANTATION, FL 33324**

Mailing Address
**8751 W BROWARD BLVD
SUITE 106
PLANTATION, FL 33324**

50015260



2. Principal Place of Business
8551 W. Sunrise Blvd.
Suite, Apt. #, etc.
102

3. Mailing Address
8551 W. Sunrise Blvd
Suite, Apt. #, etc.
102

04192006 Chg-P CR2E034 (11/05)

City & State
Plantation, FL

City & State
Plantation, FL

4. FEI Number
59-2242728

Applied For
Not Applicable

Zip
33322-4007

Country

Zip
33322-4007

Country

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

6. Name and Address of Current Registered Agent

**HERMAN, ROBERT M.
8751 WEST BROWARD BLVD
SUITE 106
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Herman, Robert M.
Street Address (P.O. Box Number is Not Acceptable)
8551 W. Sunrise Blvd.
Suite 102
City
Plantation FL Zip Code
33322-4007

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
HERMAN, ROBERT M.
8751 WEST BROWARD BLVD. STE. 106
PLANTATION, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERMAN, ROBERT M.
8751 WEST BROWARD BLVD. STE. 106
PLANTATION, FL 33324** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
Herman, Robert M.
8551 W. Sunrise Blvd., Suite 102
Plantation, FL 33322-4007** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Herman, Robert M.
8551 W. Sunrise Blvd., Suite 102
Plantation, FL 33322-4007** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert M. Herman

4/20/06

(954) 617-7000