

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # G16882

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



Principal Place of Business
8551 WEST SUNRISE BLVD
SUITE 102
PLANTATION, FL 33322-4007

Mailing Address
8551 WEST SUNRISE BLVD
SUITE 102
PLANTATION, FL 33322-4007



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2242728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERMAN, ROBERT M.
8551 WEST SUNRISE BLVD
SUITE 102
PLANTATION, FL 33322-4007

**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 reappointing)

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	PST
NAME	HERMAN, ROBERT M.
STREET ADDRESS	8551 WEST SUNRISE BLVD SUITE 102
CITY- ST- ZIP	PLANTATION, FL 333224007
TITLE	D
NAME	HERMAN, ROBERT M.
STREET ADDRESS	8551 WEST SUNRISE BLVD SUITE 102
CITY- ST- ZIP	PLANTATION, FL 333224007
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80137-010 150.00

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:

Robert M. Herman ROBERT M. HERMAN

4/19/07 957 617-7000

Date

Daytime Phone #