

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 8:00 am
Secretary of State

09-13-2005 90001 002 ***150.00

DOCUMENT # G55631

1. Entity Name
FOOT & ANKLE SPECIALISTS OF MIAMI BEACH, P.A.



Principal Place of Business

420 LINCOLN RD
STE 2C
MIAMI BCH, FL 33139 US

Mailing Address

420 LINCOLN RD
STE 2C
MIAMI BCH, FL 33139 US

30066643



2. Principal Place of Business

MT Sinai Hospital
Suite, Apt. #, etc.
1300 ALTON ROAD SUITE 2020

3. Mailing Address

PO Box 402039
Suite, Apt. #, etc.
MIAMI BEACH

08052005

Chg-P

CR2E034 (10/03)

City & State

MIAMI BEACH FLORIDA

City & State

MIAMI BEACH FLORIDA

4. FEI Number

59-2311527

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUCKERMAN, LESLIE H.
4000 HOLLYWOOD BLVD
SUITE 485S
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9/1/05

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
DPS
CARMEL, JERALD G
19935 NE 10TH PLACE WAY
MIAMI, FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
BERKOWITZ, KEVIN
420 LINCOLN RD STE 2C
MIAMI BEACH, FL 33139 ☐ 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
Jerald Carmel Address Only ☒ Change ☐ Addition
Mount Sinai Hospital
PO Box 402039
MIAMI BEACH, FLORIDA 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Kevin Berkowitz Only ☐ Change ☐ Addition
Mount Sinai Hospital
PO Box 402039
MIAMI BEACH, FLORIDA 33140

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 exemption stated in Section 119.07(3)(i), 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 #



Berenfeld, Spritzer, Shechter & Sheer
CERTIFIED PUBLIC ACCOUNTANTS

ATTACHMENT

500.666.49 www.bsss-cpa.com

July 14, 2005

Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Foot & Ankle Specialist of Miami Beach, P.A.

I.D. No.: 59-2311527

Document No.: G55631

To Whom It May Concern:

The above referenced corporation has asked us to respond to your notice of Dissolution. Please be advised that the corporation relocated to a new office space. Some correspondence was never forwarded to the new address or lost in the move.

We are hereby requesting that you accept the enclosed check in the amount of \$150 and abate the penalties and return the corporation's status to "active".

Thank you for your cooperation in this matter.

Very truly yours,



Ana L. Martinez

Jun. 29. 2005 7:52AM

No. 0775- P. 2-

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

TO OPEN: FOLD AND TEAR ALONG DOTTED LINE, THEN PULL APART.

FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



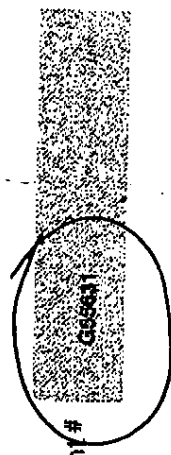
NOTICE OF INTENT TO DISSOLVE

0002104 01 AV 0.176 AUTO TO 0 1203 33140-0039
FOOT & ANKLE SPECIALISTS OF MIAMI BEACH, P.A.
PO BOX 402039
MIAMI BEACH FL 33140-0039

ATTACHMENT
50066649

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.



Document #

FOOT & ANKLE SPECIALISTS OF MIAMI BEACH, P.A.
PO BOX 402039
MIAMI BEACH FL 33140-0039



CR2E095-2nd 03/05