

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90030 035 ***150.00

DOCUMENT # **G56647**

1. Corporation Name

LARRY BENOVTZ, M.D., P.A.



Principal Place of Business

1190 NW 95ST
STE 414
MIAMI FL 33150
US

Mailing Address

1190 NW 95 STREET #412
MIAMI FL 33150

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1983

2. Principal Place of Business

2a. Mailing Address

21 **1550 NE Miami Gardens Dr**

26 **1550 NE Miami Gardens Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **403**

27 **403**

City & State

City & State

23 **North Miami Beach, FL**

28 **North Miami Beach, FL**

Zip

Zip

24 **33179**

25 **USA**

29 **33179**

30 **USA**

4. FEI Number

59-2320642

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDEN, RICHARD A.
12000 BISCAYNE BLVD.
BISCAYNE CENTRE, SUITE 203
N MIAMI FL 33181**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **BENOVTZ, LARRY**
STREET ADDRESS **1190 NW 95 ST #412**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1550 NE Miami Gardens Dr. Ste 403**
1.4 CITY-ST-ZIP **North Miami Beach, FL 33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/99 **(305) 957-1577**

CR2E034 (5/99)



David Alan Kofsky, P.A.
Certified Public Accountant

G-56647
596848-90030-35

July 19, 1999

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

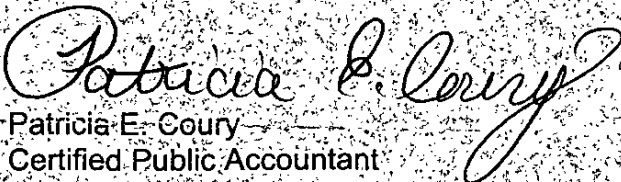
Re: Larry Benovitz, MD, PA

Our client just received his second notice for the 1999 Profit Corporation Annual Report. He had moved last year, and the 1st report was apparently not forwarded to the client.

We have enclosed the report, along with a check in the amount of \$150.00. We request that you abate the penalty for just cause.

Thank you for your attention in this matter. If you have any further questions, please give us a call.

Sincerely,


Patricia E. Coury
Certified Public Accountant

Enclosure: 1999 Profit Corporation Annual Report
Check in the amount of \$150.00

f:\wpdocs\benovitz\annualreport.wpd