

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90205 042 ***150.00

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|--|---|---|---|--|--|
| DOCUMENT # H13515 1. Entity Name STEINGO & KISHNER, M.D., P.A. | | | | | |
| Principal Place of Business 572 E MCNAB RD 2ND FLOOR POMPANO BEACH, FL 33060 US | | | Mailing Address 572 E MCNAB RD 2ND FLOOR POMPANO BEACH, FL 33060 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2429295 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KISHNER, RICHARD, M.D. 572 E KENDAL RD <i>mcnab RD</i> 2ND FLOOR POMPANO BEACH, FL 33060 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <u><i>Richard K. Ishner, M.D.</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS STEINGO, BRIAN, M.D. 572 E MCNAB RD POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KISHNER, RICHARD, M.D. 572 E MCNAB RD POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: | | | Date <u><i>954-732-1680</i></u> Daytime Phone # | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |