

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90013 049 \*\*\*158.75

**DOCUMENT # J56659**

1. Entity Name

MARGATE MEDICAL ASSOCIATES, P.A.

*2825 N. ST. RD. # 7 #304*  
*MARGATE, FL 33063*



Principal Place of Business

~~5800 COLONIAL DRIVE~~

~~SUITE 403~~

MARGATE, FL 33063-5663 US

Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.

6550 NORTH FEDERAL HIGHWAY, SUITE 522  
FORT LAUDERDALE, FL 33308-1417 US

*MARGATE FL 33063*  
*40094676*



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2777047

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KRAVITZ, JACK A

~~5800 COLONIAL DRIVE~~

~~SUITE 403~~

MARGATE, FL 33063-5663

*2825 N. ST. RD. 7 #304*

**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 reinstating)

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	PD
NAME	KRAVITZ, JACK A
STREET ADDRESS	5800 COLONIAL DRIVE, SUITE 403
CITY-ST-ZIP	MARGATE, FL 330635663
TITLE	VD
NAME	SHERMAN, GREGG A
STREET ADDRESS	5800 COLONIAL DRIVE, SUITE 403
CITY-ST-ZIP	MARGATE, FL 330635663
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**

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 #

*Jack Kravitz*

*4/18/07*