


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # J93105 1. Entity Name HAROLD S. RABINOVITZ, M.D., P.A.		
Principal Place of Business 201 N.W. 82ND AVE. #501 PLANTATION, FL 33324	Mailing Address 201 N.W. 82ND AVE. #501 PLANTATION, FL 33324	



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0002105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DADE COUNTY CORPORATE AGENTS, INC.
420 SOUTH DIXIE HIGHWAY
THIRD FLOOR
CORAL GABLES, FL 33146**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	RABINOVITZ, HAROLD S.
STREET ADDRESS	201 N.W. 82ND AVE. #501
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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03/11/08-80067-021-150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/08

Date

954-693-9648

Daytime Phone #