2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # K28928

1. Entity Name
STEVEN P. HIRSH, D.P.M. P.A.

Principal Place of Business	Mailing Address
4611 S UNIVERSITY BLVD 225 DAVIE, FL 33328	4611 S UNIVERSITY BLVD 225 DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

01232006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0070021

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIRSH, STEVEN P.
4611 S UNIVERSITY BLVD
225
DAVIE, FL 33328

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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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIRSH, STEVEN P.
STREET ADDRESS	4611 S UNIVERSITY BLVD. #225
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET	
CITY	

To whom it may concern, Need this done as soon as possible due to an emergency. Thank you, Steven Hirsh

000000420810
02/16/06-80012-005 150.00

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12. ...ally for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ...that my signature shall have the same legal effect as if made under oath; that I am an officer or director ...eport 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: _____ 1-3006 95496 200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #