

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90078 048 ***150.00

DOCUMENT # L02000010856

1. Entity Name

SOKOLOWICZ & HELLER, M.D., LLC



Principal Place of Business

8525 SW 92ND STREET, D13
MIAMI, FL 33156

Mailing Address

8525 SW 92ND STREET, D13
MIAMI, FL 33156

29080103



07072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3679086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET
SUITE 2800
MIAMI, FL 33131-1714

**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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HELLER, DEAN
8525 SW 92 ST.
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SOKOLOWICZ, JOHN
8525 SW 92 ST., D13
MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 8-12-04

✓ 305 279-9949

ATTACHMENT 24080103
L02000010856

Irwin B. Freund, C.P.A./PFS
Lawrence L. Fisher, C.P.A.
Steven A. Young, C.P.A./PFS
Steven Goldston, C.P.A./PFS
Mitchell T. Katz, C.P.A.

Sara D. Jewett, C.P.A.
Guillermo Martinez, C.P.A.



freund,
fisher,
goldston
& co., p.a.
Certified Public Accountants

10729 S.W. 104th Street
Kilian Professional Village
Miami, Florida 33176
(305) 279-1288
Fax (305) 596-1372

3111 University Drive
Suite 720
Coral Springs, Florida 33065
(954) 345-8666
Fax (954) 755-3766

Please Reply To:
Miami

July 7, 2004

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: 2004 For Profit Corporation Annual Report
Sokolowicz & Heller, M.D., P.A.
Federal ID# 04-3679086

To Whom It May Concern:

1. Please reinstate the about referenced corporation. The original report was never received.
2. You will also find a check in the amount of \$150.00 enclosed.

If you should have any questions please do not hesitate to give us a call.

Yours truly,

FREUND, FISHER, GOLDSTON & CO., INC.

Irwin Freund CPA

Enclosure
cc: Sokolowicz & Heller, M.D., P.A.