

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L54473

1. Entity Name
LONNIE M. EPSTEIN, M.D., P.A.



Principal Place of Business
**% LONNIE M. EPSTEIN, M.D.
5601 N. DIXIE HWY., SUITE 310
FT. LAUDERDALE, FL 33334**

Mailing Address
**% LONNIE M. EPSTEIN, M.D.
5601 N. DIXIE HWY., SUITE 310
FT. LAUDERDALE, FL 33334**



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0173872

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EPSTEIN, LONNIE M., M.D.
5601 N. DIXIE HWY.
SUITE 310
FT. LAUDERDALE, FL 33334**

**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, 2004 Fee will be \$550.00**

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

**U00000074488
03/03/04-80021-011 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
EPSTEIN, LONNIE M., MD
5601 N. DIXIE HWY #310
FT. LAUDERDALE, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 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:

Lonnie M. Epstein, MD, President

Date

Daytime Phone #