## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L66425 1. Corporation Name

LESLIE K. HERZOG, D.O., P.A.

## Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90020 002 \*\*\*150.00

12651 W SUP STE 202 SUNRISE FL US	33323 Place of Business 1. #, etc.	Mailing Addre 12651 W SUNI #202 SUNRISE FL 3 US  2a. Mailing Addre 26 Suite, Apt. 27 City & Sta 28 Zip	RISE BLVD 3323 ddress #, etc.	Country		DO NOT WE  3. Date Incorporated or Qualifer 04/17/1990  4. FEI Number 59-3012265  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution	RITE IN THIS	\$8.75 Fee R \$5.00 Added	pplied For lot Applicable Additional dequired May Be to Fees
24	25	29	30	Oddinay		This corporation owes the cur     Personal Property Tax.	rrent year Inta		
	9. Name and Address of Curi		t		***	10. Name and Address of New	Registered :	Yes	□No
700 SUI	EDMAN, HOWARD S. SOUTHEAST THIRD AVENUE TE 300 RT LAUDERDALE FL 33316			81 82 83 84	Name Street Addr	ess (P.O. Box Number is Not Accept	<del></del>	Ý .	Code
11. Pursuant office or agent. I a SIGNATURE	am familiar with, and accept the obli	502 and 607.1508, Flo te of Florida. Such cha gations of, Section 607	orida Statutes, the inge was authori 7.0505, Florida S	ne above ized by t Statutes.	named corporatio	oration submits this statement for the in's board of directors. I hereby acce	purpose of o	tment as re	registered egistered
12	Signature, typed or printed name of registered a				signature required	when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	1	tered Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A DPS HERZOG, LESLIE, DO	AND DIRECTORS	1. DELETE 1. 1. 1. 1.		ADDRESS			O DIRECTO ☐ Change	DRS IN 12
TITLE NAME STREET ADDRESS	OFFICERS A DPS HERZOG, LESLIE, DO 12651 W SUNRISE BLVD, ST	AND DIRECTORS   E 202	1. DELETE 1. 1. 1. 1. 1. 1. 1. 1.	13. .1 T(TLE .2 NAME .3 STREET /	ADDRESS	ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A DPS HERZOG, LESLIE, DO 12651 W SUNRISE BLVD, ST	E 202	DELETE 1. 1. 1. 1. DELETE 2. 2. 2. 2. 2.	13. .1 TITLE .2 NAME .3 STREET / .4 CITY-ST-	ADDRESS - ZIP ADDRESS	ADDITIONS/CHANGES TO OF		***	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A DPS HERZOG, LESLIE, DO 12651 W SUNRISE BLVD, ST	E 202	DELETE 1.  1.  1.  1.  DELETE 2.  2.  2.  DELETE 3.  DELETE 3.  3.2  3.3  3.4  DELETE 4.1  4.3  4.4	13.  1 TITLE 2 NAME 3 STREET / 4 CITY-ST- 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 1 TITLE 2 NAME 3 STREET A 4 CITY-ST- 4 CITY-ST- 4 CITY-ST- 4 CITY-ST-	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OF	FICERS ANI	☐ Change ☐ Change	Addition Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: