

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 022 ***150.00

DOCUMENT # M05714

1. Entity Name

GARBER & SHEMESH, M.D., P.A.



Principal Place of Business

% HARVEY I. GARBER, M.D.
5210 LINTON BLVD., SUITE 306
DELRAY BEACH FL 33484-6571

Mailing Address

% HARVEY I. GARBER, M.D.
5210 LINTON BLVD., SUITE 306
DELRAY BEACH FL 33484-6571



2. Principal Place of Business - No P.O. Box #

4675 LINTON BLVD

3. Mailing Address

4675 LINTON BLVD

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

1st MOORE

CR2E034 (10/06)

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

59-2445855

Applied For

Not Applicable

Zip

33445-6611

Country

USA

Zip

33445-6611

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARBER, HARVEY I.
5210 LINTON BLVD.
SUITE 306
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4675 LINTON BLVD

SUITE 200

City

DELRAY BEACH

FL

Zip Code 33445-6611

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GARBER, HARVEY I. (M.D.) | |
| STREET ADDRESS | 5210 LINTON BLVD. S-306 | |
| CITY - ST - ZIP | DELRAY BCH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHEMESH, ELIYAHU M | |
| STREET ADDRESS | 5210 LINTON BLVD STE 306 | |
| CITY - ST - ZIP | DELRAY BCH FL 33484 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|-----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 4675 LINTON BLVD #200 |
| CITY - ST - ZIP | DELRAY BEACH FL 33445-6611 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 4675 LINTON BLVD #200 |
| CITY - ST - ZIP | DELRAY BEACH FL 33445-6611 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Harvey I. Garber

HARVEY I. GARBER M.D.

Date

Daytime Phone #