2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000129151

Entity Name

HARVEY T. STARR, D.O., P.A.



FILED Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

6001 N. OCEAN DR. STE. 1705 HOLLYWOOD, FL 33019 Mailing Address

6001 N. OCEAN DR. STE. 1705 HOLLYWOOD, FL 33019



03132007

No Chg-P

CR2E034 (11/05)

4	١.	FEI Number 54-208801
		54-208801

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANTOR, JERALD C 4000 HOLLYWOOOD BLVD. #265 S HOLLYWOOD, FL 33021

DO NOT WRITE

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8. The above the obligati	named entity submits this statement for the proons of registered agent.	urpose of changing its registere	d office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finantification. Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	being a course of a collection of the first state of the	Contract of the state of the st
NAME STREET ADDRESS CITY-ST-ZIP	P STARR, HARVEY T 6001 N. OCEAN DR. STE. 1705 HOLLYWOOD, FL 33019			U60000704431 042232672-80010-024,150, 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				HIS SPACE
TITLE 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 Chapter 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

HARVEY T. STARA

4/10/07

954-835-0750