

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000129151**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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



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

3. Mailing Address

State, Apt #, etc.

State, Apt #, etc.

City & State

City & State

4. FEI Number **54-2088018**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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, if applicable,

(NOTE: Registered Agent signature required when completing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **STARR, HARVEY T**  
STREET ADDRESS **6001 N. OCEAN DR. STE. 1705**  
CITY-STATE-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP **000000870917**  
**04/09/08-80111-007 150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-STATE-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 T. Starr*

**HARVEY T. STARR, D.O.**

**3/23/08**

**954-835-0750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #