


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000046840**

1. Entity Name  
**HOWARD F. SUSSMAN, M.D., P.A.**



**FILED**

Principal Place of Business  
**100 NW 170TH ST  
 SUITE 405  
 NORTH MIAMI BEACH, FL 33169**

Mailing Address  
**ADMINISTRATIVE OFFICE  
 PKWY REG. MEDICAL CTR 160 N.W. 170TH ST  
 N MIAMI BEACH, FL 33169**

04 SEP - 1 PM 3:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

07292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
~~65-0089343~~ **650421155** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SUSSMAN, HOWARD F M.D.  
 160 NORTHWEST 170TH STREET  
 NORTH MIAMI BEACH, FL 33169**

**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. *HS*

SIGNATURE *HS* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUSSMAN, HOWARD F MD <i>d/ba</i>
STREET ADDRESS	<del>160 N.W. 170TH STREET PKWY. MED. CNTR.</del> <i>100 NW 170 Street</i>
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169 <i>Suite 405</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300040812013  
 09/03/04--01060--001 \*\*558.75

**DO NOT WRITE IN THIS SPACE**

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: *Howard F. Sussman* *8.26.04*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #