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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000042143 1. Corporation Name

HERBERT P. LERNER, M.D., P.A.

## **FILED** Feb 01, 1999 8:00 am Secretary of State

02-01-1999 90046 005 \*\*\*150.00



Principal Place of Business Mailing Address						,		EBIII BBIFI BESII	<b>81010 \$1881</b> 11011	<b>                                   </b>
450 W. HILLSBORO BLVD.  DEERFIELD BEACH FL 33441  450 W. HILLSBORO BLVD.  DEERFIELD BEACH FL 33441						DO NOT WRITE IN THIS SPACE				
	•		•			•	<ol> <li>Date Incorporated or Qualife 06/01/1994</li> </ol>	ed		
2. Principal Place	e of Business	2a. I	Mailing Address			<del></del>	4. FEI Number		A	pplied For
21		26					65-0495077		. No	ot Applicable
Suite, Apt. #, e	etc.	27	Suite, Apt. #, etc.				5: Certifcate of Status Desired	. 🗆		Additional equired
City & State ,	, i	28	City & State				Election Campaign Financing     Trust Fund Contribution	9 🗆	-	May Be
Zip	Country		Zip	Cou	intry		8. This corporation owes the co	rrent year in		to Fees
24 25 29			30			Personal Property Tax.	, .	Yes	□No ·	
	9. Name and Address of Current F		red Agent				10. Name and Address of New	Registered	Ágent	
. co.es		100	1490		81	Name			,	
LERNER, HERBERT P MD 450 WEST HILLSBORO BLVD.			•		82 Street Address (P.O. Box Number is Not Acceptab			otable)		
DEERFI	ELD BEACH FL 33441				83					
					84	City	- 10 x 20 x 173 +	<del>\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	85 Zip	Code
11. Pursuant to the	he provisions of Sections 607.0502 a stered agent, or both, in the State of	and 607	7.1508, Florida Statu	tes, the a	bove by t	-named corp	poration submits this statement for th	e purpose of	thanging its	registered
agent. I am fa	amiliar with, and accept the obligation	ns of, S	Section 607.0505, Flo	orida Stat	utes.	aro corporati		opt the appe	munem as re	gistorou
SIGNATURE	:						•			
	nature hand or printed name of registered agent pr	nd title if a	nelicable (MOTI	C. Dawletowal	A		and ordered and an artist and a second and a	DATE		1
Sign	nature, typed or printed name of registered agent ar OFFICERS AND			_	Agent	t signature require	ad when reinstating)	DATE SECONDS AN	ND DIRECTO	DRS IN 12
	OFFICERS AND			E: Registered		signature require	ADDITIONS/CHANGES TO C		ND DIRECTO	DRS IN 12
12. TITLE <b>D</b>	OFFICERS AND		TORS	13.	ΠE	signature require				
12. TITLE D	OFFICERS AND ERNER, HERBERT P		TORS	13. 1.1 TF 1.2 N/	TLE VME	signature require	ADDITIONS/CHANGES TO C			
12. TITLE D LE STREET ADDRESS 65	OFFICERS AND ERNER, HERBERT P 538 VIA ROSA		TORS	13. 1.1 TF 1.2 NA 1.3 ST	TLE VME	ADORESS	ADDITIONS/CHANGES TO C			
12. TITLE D LE STREET ADDRESS 65	OFFICERS AND ERNER, HERBERT P		TORS	13. 1.1 TF 1.2 NA 1.3 ST	TLE ME REET	ADORESS	ADDITIONS/CHANGES TO C			
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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.