

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-28-2005 90001 010 ***150.00
P96000071606

DOCUMENT # P96000071606

1. Entity Name
D.H.G., INC.



05 JUL 18 PM 4: 03

DATE
JUL 18 2005

Principal Place of Business
950 N.W. 13TH STREET
BOCA RATON, FL 33486

Mailing Address
950 N.W. 13TH STREET
BOCA RATON, FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192005

Chg-P

CR2E034 (10/03)

05

4. FEI Number
65-0693973

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, HOWARD B M.D.
950 N.W. 13TH STREET
BOCA RATON, FL 33486

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GOLDMAN, HOWARD B M.D.
STREET ADDRESS 950 N.W. 15TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE D ☐ Delete
NAME DOYLE, HOWARD A JR
STREET ADDRESS 950 N.W. 15TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE D ☒ Delete
NAME HOMER, PAUL I M.D.
STREET ADDRESS 950 N.W. 15TH STREET
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE D ☐ Delete
NAME WEINER, MARK H MD
STREET ADDRESS 950 NW 13TH ST
CITY-ST-ZIP BOCA RATON, FL 33486

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 GOLDMAN

6/22/05 561 391 8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #