

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90008 033 ***150.00

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1. Entity Name
**COMPREHENSIVE OSTEOPATHIC MEDICAL
SPECIALISTS, P.A.**



Principal Place of Business

**21110 BISCAYNE BLVD
203
AVENTURA, FL 33180 US**

Mailing Address

**~~621 ISLAND RD~~ 21110 BISCAYNE BLVD 203
MIAMI, FL 33137 US AVENTURA, FL 33180**

40006092



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0699518

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~AGEVES-BLUMENTHAL, CARMEN~~ **HERMAN MOSKOWITZ**
~~621 ISLAND RD~~ **3850 HOLLYWOOD BLVD.**
~~MIAMI, FL 33137~~ **STE 204**
HOLLYWOOD, FL 33021

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BLUMENTHAL, BARRY M
~~621 ISLAND RD~~ 21110 BISCAYNE BLVD 203
~~MIAMI, FL 33137~~ AVENTURA, FL 33180**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

Date

Daytime Phone #