

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000086336

1. Entity Name

SALOMON MITRANI-SEVY, M.D., P.A.



Principal Place of Business

9829 S.W. 40TH STREET  
MIAMI, FL 33165 US

Mailing Address

3120 S.W. 139TH AVENUE  
MIAMI, FL 33175

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0706365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITRANI-SEVY, SALOMON  
3120 S.W. 139TH AVENUE  
MIAMI, FL 33175

**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

*Hilda Mitrani*

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

(NOTE: Registered Agent signature required when reinstating)

U00000955200

07/16/08 150.00

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

TITLE PD  
NAME MITRANI-SEVY, SALOMON  
STREET ADDRESS 3120 S.W. 139TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE VPD  
NAME MITRANI, HILDA  
STREET ADDRESS 3120 S.W. 139TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:

*Hilda Mitrani*  
HILDA MITRANI  
J.P.

Date

Daytime Phone #

7/12/08 305-551-6666