

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90335 032 ***150.00

DOCUMENT # P98000043135

1. Entity Name
PVL ASSOCIATES OF CEDARS, INC.



Principal Place of Business

**2511 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134-6019**

Mailing Address

**2511 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134-6019**



2. Principal Place of Business

2555 Ponce de Leon Blvd

3. Mailing Address

2555 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134-6019

Country

Zip

33134-6019

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0839745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZMAN, HOWARD E M.D.
2511 PONCE DE LEON BLVD SUITE 400
CORAL GABLES, FL 33134-6019**

7. Name and Address of New Registered Agent

Name **Katzman, Howard E MD**

Street Address (P.O. Box Number is Not Acceptable)
2555 Ponce de Leon Blvd.

Suite 400

City **Coral Gables**

FL

Zip Code
33134-6019

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

Howard E Katzman MD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KATZMAN, HOWARD E MD**
STREET ADDRESS **2511 PONCE DE LEON BLVD., #400**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **V** ☐ Delete
NAME **ABILIO, COELLO MD**
STREET ADDRESS **2511 PONCE DE LEON BLVD., #400**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **TS** ☐ Delete
NAME **ALVAREZ, JOSE JR**
STREET ADDRESS **2511 PONCE DE LEON BLVD., #400**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Katzman, Howard E MD**
STREET ADDRESS **2555 Ponce de Leon Blvd. #400**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **V** ☒ Change ☐ Addition
NAME **Abilio, Coello MD**
STREET ADDRESS **2555 Ponce de Leon Blvd. #400**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **TS** ☒ Change ☐ Addition
NAME **Alvarez, Jose Jr.**
STREET ADDRESS **2555 Ponce de Leon Blvd. #400**
CITY-ST-ZIP **Coral Gables, FL 33134**

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

TITLE ☐ Change ☐ Addition
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 E Katzman MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04