

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90003 002 ***150.00

DOCUMENT # P98000061078

1. Entity Name
DR. EVELYN HOCHBERG, PA



Principal Place of Business
5301 NORTH FEDERAL HIGHWAY
SUITE 270
BOCA RATON, FL 33487

Mailing Address
ACCARDI STANDLEE LLC
2240 WOOLBRIGHT RD, STE 317
BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0854662	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOCHBERG, EVELYN
5301 N FEDERAL HWY STE 270
BOCA RATON, FL 33487

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HOCHBERG, EVELYN DR.
STREET ADDRESS	5301 NORTH FEDERAL HIGHWAY, SUITE 270
CITY - ST - ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
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 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, trustee, or person 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: *Evelyn Hochberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-05 561-302-9097

Date

Daytime Phone #



ACCARDISTANDLEE LLC
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

ATTACHMENT

20061049

June 22, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Dr. Evelyn Hochberg, P.A.; Document #: P98000061078

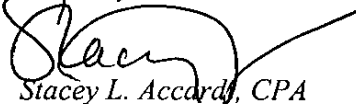
Dear Sir or Madam,

We are the accountants for the above referenced and have been asked to respond to the following matter.

Evelyn Hochberg, sole shareholder and officer of this corporation has been dealing with the serious health issues of her husband over the last few months. The non-filing of her annual report was merely an oversight on her part. She did not realize she had not filed her report until she received correspondence from your office. We respectfully request an abatement of penalty for cause. There was no willful intent on her part to miss the filing deadline. Enclosed, with the report, please find a check in the amount of \$150.

We appreciate your consideration in this matter.

Sincerely,



Stacey L. Accardi, CPA

Enclosures

I have been in & out of Doctors & hospitals
for the last 5 months. Please forgive me.
Sincerely,
Evelyn Hochberg

BY APPOINTMENT ONLY

4400 PGA Boulevard
Suite 700

1213 Mountain Oak Road
Ellijay, GA 30536

MAIN OFFICE

2240 Woolbright Road
Suite 317

(561) 740-0115 Telephone
(561) 423-0379 Facsimile