

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90006 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000062486**

1. Corporation Name

**STEPHEN KUSHNER, D.P.M., P.A.**

Principal Place of Business

11063 BOSTON DRIVE  
COOPER CITY FL 33026

Mailing Address

11063 BOSTON DRIVE  
COOPER CITY FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/15/1998**

4. FEI Number

**65-0849939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21 8720 N. KENDALL DR.**

2a. Mailing Address

**26 8720 N. KENDALL DRIVE**

Suite, Apt. #, etc.

**22 Suite 109**

Suite, Apt. #, etc.

**27 Suite 109**

City & State

**23 MIAMI FLORIDA**

City & State

**28 MIAMI FLORIDA**

Zip

**24 33176**

Country

**25 USA**

Zip

**29 33176**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**LAURENCE, JODI B  
7777 GLADES ROAD  
SUITE 300  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KUSHNER, STEPHEN D.P.M.**

STREET ADDRESS **11063 BOSTON DRIVE**

CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**8720 N. KENDALL Drive #109  
Miami FL 33176**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**7-1-99 305 412 1420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

# STEPHEN KUSHNER, D.P.M., P.A.

Diplomate, American Board of Podiatric Surgery  
Fellow, American College of Foot & Ankle Surgeons

Specializing in Reconstructive Foot and Ankle Surgery

p98000062486  
582957-90006-43

July 1st, 1999

Florida Department of State  
Annual Reports Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: 2nd notice for annual report

Dear Florida Department of State:

Please find enclosed a completed and signed annual report for 1999. I just received this notice yesterday. I was quite surprised to see the second notice stamp. I have never received the first application for the annual report filing. Please except the enclosed check for \$150 as payment in full. Thank you in advance for your consideration.

Sincerely,



Stephen Kushner, D.P.M.