

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P99000020619

1. Entity Name
WEITZ & RITTER, M.D., P.A.



Principal Place of Business
6150 SW 72ND STREET
MIAMI, FL 33143

Mailing Address
6150 SW 72ND STREET
MIAMI, FL 33143



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0900871

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FREUND, IRWIN B
10729 SW 104 ST
MIAMI, FL 33176

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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**

UD00000900166
04/29/08-80018-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEITZ, MICHAEL A
STREET ADDRESS	6150 SW 72ND STREET
CITY- ST- ZIP	MIAMI, FL 33143
TITLE	S
NAME	RITTER, JEFFREY
STREET ADDRESS	6150 SW 72ND STREET
CITY- ST- ZIP	MIAMI, FL 33143
TITLE	D
NAME	DESOLO, SANTIAGO
STREET ADDRESS	6150 SW 72ND STREET
CITY- ST- ZIP	MIAMI, FL 33143
TITLE	
NAME	
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #