

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90037 042 \*\*\*150.00

**DOCUMENT # P99000064603**

1. Entity Name  
**DEBRA G. KENWARD, M.D., P.A.**



Principal Place of Business  
**C/O MARC H. AUERBACH, ESQ.  
201 S. BISCAYNE BLVD., 20TH FLOOR  
MIAMI, FL 33131**

Mailing Address  
**C/O MARC H. AUERBACH, ESQ.  
201 S. BISCAYNE BLVD., 20TH FLOOR  
MIAMI, FL 33131**

**50002022**



2. Principal Place of Business - No P.O. Box #  
**200 S. Biscayne Blvd**  
Suite, Apt. #, etc.  
**Suite # 3900**  
City & State

3. Mailing Address  
**200 S. Biscayne Blvd.**  
Suite, Apt. #, etc.  
**Suite # 3900**  
City & State

02122008 Chg-P CR2E034 (12/06)

Zip Country Zip Country

4. FEI Number  
**65-0934792**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**AUERBACH, MARC H ESQ.  
201 S. BISCAYNE BLVD., 20TH FLOOR  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**200 S. Biscayne Blvd.**  
**Suite # 3900**  
City **FL** Zip Code

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 **Marc Auerbach**  
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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST KENWARD, DEBRA G 7451 S.W. 102ND ST. MIAMI, FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**2/15/08**  
Date

**305-667-454**  
Daytime Phone #