

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90118 016 ***158.75

DOCUMENT # P99000069279

1. Entity Name
NORMAN WASSERMAN, M.D., P.A.



Principal Place of Business
**3790 7TH TERRACE
SUITE # 200
VERO BEACH, FL 32960**

Mailing Address
**3790 7TH TERRACE
SUITE # 200
VERO BEACH, FL 32960**

20027235



2. Principal Place of Business
625 S. State Road 7

3. Mailing Address
Suite, Apt. #, etc.

04032005 Chg-P CR2E034 (10/03)

City & State
Hollywood, FL

Zip
33023

Country
U.S.A.

4. FEI Number
65-0938280

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**HATCH, IRA C ESQ.
1701 HWY. A1A, STE. 220
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P. Wasserman, Norman, MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, NORMAN MD		NAME	625 South State Road 7	
STREET ADDRESS	3790 7TH TERRACE SUITE # 200		STREET ADDRESS	Hollywood, FL 33023	
CITY - ST - ZIP	VERO BEACH, FL 32960		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: Norman Wasserman, M.D. April 4, 2005 954-965-7911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #