

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # S61187

1. Entity Name
MERZER & SHERMAN, M.D., P.A.



Principal Place of Business
**5511 S CONGRESS AVE
105
ATLANTIS, FL 33462 US**

Mailing Address
**5511 S CONGRESS AVE
105
ATLANTIS, FL 33462 US**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0282004

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAMON, CONRAD
% WARD, DAMON, BEVERLY, TITTLE & POSNER
4420 BEACON CIR.
W. PALM BEACH, FL 33401**

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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

02/15/08-80081-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MERZER, RICHARD F.
STREET ADDRESS	5511 S. CONGRESS AVE #105
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	T
NAME	MERZER, RICHARD F
STREET ADDRESS	5511 S. CONGRESS AVE #105
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	V
NAME	SHERMAN, FREDERICK S
STREET ADDRESS	5511 S. CONGRESS AVE #105
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 REGISTERING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

1/28/2008

561-967-1801