

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70706

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** LUISA SZTERN, M.D., P.A.

**Current Principal Place of Business:**

17200 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

17200 NE 19TH AVE  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-0298215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KURZWEIL, HOWARD E  
328 MINORCA AVENUE, 2ND FLOOR  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SZTERN, LUISA J  
Address: 17200 NE 19TH AVE.  
City-St-Zip: MIAMI BEACH BEACH, FL 33162 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUISA SZTERN

D

03/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date