


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

04-06-2005 90099 017 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S77434 1. Entity Name HOWARD MEDICAL CENTER, P.A.	
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Principal Place of Business
1740 E HALLANDALE BOH BLVD
STE A
HALLANDALE, FL 33009-4611 US

Mailing Address
1740 E HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 US

DO NOT WRITE IN THIS SPACE

02102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0281062	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISENSMITH, JEFFREY R.
ONE FINANCIAL PLAZA, STE 1610
FT. LAUDERDALE, FL 33394

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, 2005 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	P HOWARD, DONALD 1740 E HALLANDALE BOH BLVD HALLANDALE, FL
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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____