

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90020 020 \*\*\*150.00

**DOCUMENT # V13851**

1. Entity Name  
**MIAMI BEACH PEDIATRICS, P.A.**



Principal Place of Business 524 41ST STREET SUITE 201 MIAMI BEACH, FL	Mailing Address 524 41ST STREET SUITE 201 MIAMI BEACH, FL
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**DO NOT WRITE IN THIS SPACE**

40055731



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0282283	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EISENBERG, BRUCE  
 524 41ST STREET  
 SUITE 201  
 MIAMI BEACH, FL 33140

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EISENBERG, BRUCE
STREET ADDRESS	524 41ST STREET #201
CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 another like empowered.

SIGNATURE: *Bruce Eisenberg* ✓ 3/27/07 ✓ 305-672-7337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Form <b>1096</b> Department of the Treasury Internal Revenue Service	<b>Annual Summary and Transmittal of U.S. Information Returns</b>	OMB No. 1545-0108  <b>2006</b>
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<b>FILER'S name</b> MIAMI BEACH PEDIATRICS, P.A.  Street address (including room or suite number) 524 41ST STREET  City, state, and ZIP code MIAMI BEACH, FL 33140	
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Name of person to contact RONALD A. UNGER, CPA	Telephone number (305) 866-3667	<b>For Official Use Only</b> 		
Email address RAU@GPRCO-CPA.COM	Fax number (305) 864-7655			
1 Employer identification number 65-0282283	2 Social security number	3 Total number of forms 2	4 Federal income tax withheld \$ 0.00	5 Total amount reported with this Form 1096 \$ 41737.47

Enter an "X" in only one box below to indicate the type of form being filed. If this is your final return, enter an "X" here . . .

W-2G 32 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>	1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-H 71 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>
1099-MISC 95 <input checked="" type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-SA 27 <input type="checkbox"/>				

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature Title  PRESIDENT Date

**Instructions**

**Purpose of form.** Use this form to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. Do not use Form 1096 to transmit electronically or magnetically. For magnetic media, see Form 4804, Transmittal of Information Returns Reported Magnetically; for electronic submissions, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically.

**Who must file.** The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 5498, or W-2G. A filer includes a payer; a recipient of mortgage interest payments (including points) or student loan interest; an educational institution; a broker; a barter exchange; a creditor; a person reporting real estate transactions; a trustee or issuer of any individual retirement arrangement, a Coverdell ESA, an HSA, an Archer MSA (including a Medicare Advantage MSA); certain corporations; certain donees of motor vehicles, boats, and airplanes; and a lender who acquires an interest in secured property or who has reason to know that the property has been abandoned.

**Preaddressed Form 1096.** If you received a preaddressed Form 1096 from the IRS with Package 1099, use it to transmit paper Forms 1099, 1098, 5498, and W-2G to the Internal Revenue Service. If any of the preprinted information is incorrect, make corrections on the form.

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form.

**When to file.** File Form 1096 as follows.

- With Forms 1099, 1098, or W-2G, file by February 28, 2007.
- With Forms 5498, 5498-ESA, or 5498-SA, file by May 31, 2007.

**Where To File**

Except for Form 1098-C, send all information returns filed on paper with Form 1096 to the following:

<p>If your principal business, office or agency, or legal residence in the case of an individual, is located in</p>	<p>Use the following Internal Revenue Service Center address</p>
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<p>Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia</p>	<p>Austin, TX 73301</p>
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<p>Alaska, California, Colorado, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming</p>	<p>Kansas City, MO 64999</p>
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 VOID CORRECTED**ATTACHMENT**40055731  
#V13851

PAYER'S name, street address, city, state, ZIP code, and telephone no. MIAMI BEACH PEDIATRICS, P.A. 524 41ST STREET MIAMI BEACH, FL 33140		1 Rents \$	OMB No. 1545-0115 <b>2006</b> Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S federal identification number 65-0282283	RECIPIENT'S identification number 079-74-1218	5 Fishing boat proceeds \$	6 Medical and health care payments \$	<b>Copy A For Internal Revenue Service Center</b> File with Form 1096.
RECIPIENT'S name KAREN LEVY		7 Nonemployee compensation \$ 28506.70	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apt. no.) 901 89th STREET		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
City, state, and ZIP code SURFSIDE, FL 33154		11	12	
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

77-0564162

Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

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 VOID CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. MIAMI BEACH PEDIATRICS, P.A. 524 41ST STREET MIAMI BEACH, FL 33140		1 Rents \$	OMB No. 1545-0115 <b>2006</b> Form 1099-MISC	<b>Miscellaneous Income</b>
		2 Royalties \$		
		3 Other income \$	4 Federal income tax withheld \$	
PAYER'S federal identification number 65-0282283	RECIPIENT'S identification number 65-1036248	5 Fishing boat proceeds \$	6 Medical and health care payments \$	<b>Copy A For Internal Revenue Service Center</b> File with Form 1096.
RECIPIENT'S name VALERIA SALINAS-SANCHEZ, M.D., P.A.		7 Nonemployee compensation \$ 13230.77	8 Substitute payments in lieu of dividends or interest \$	
Street address (including apt. no.) 2375 S.W. 1st STREET		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	For Privacy Act and Paperwork Reduction Act Notice, see the <b>2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.</b>
City, state, and ZIP code MIAMI, FL 33135		11	12	
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$

Form 1099-MISC

77-0564162

Department of the Treasury - Internal Revenue Service