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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 11 8:24

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 535417 (0)

1. Corporation Name
MOISES GOLDSZMIDT, M.D., P.A.

Principal Place of Business Mailing Address
 1150 NW 14 ST #409 1150 NW 14 ST #409
 MIAMI FL 33136 MIAMI FL 33136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
05/11/1977 03/03/1994

2. Principal Place of Business 2a. Mailing Address
 21 **1051 71W 14th STREET** 26 **1051 71W 14th St.**
 Suite, Apt., etc. Suite, Apt., etc.
 22 **Suite 140** 27 **Suite 140**
 City & State City & State
 23 **MIAMI FL** 28 **MIAMI, FL**
 Zip County Zip County
 24 **33136** 25 **USA** 29 **33136** 30 **USA**

4. FEI Number Applied For
59-1736315 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WEINREG, DVORA ESQ.
3 WEST FLAMINGO DRIVE
SUITE 208
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent
 81 **DVORA WEINREG ESQ.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3 S.W. 129th Ave, Suite 208
 83
 84 **Pembroke Pines FL** 85 Zip Code
33027

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Dvora Weinreg* 3/6/95
Signature (typed or printed name of registered agent and the filer is required) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOLDSZMIDT, MOISES
STREET ADDRESS	3711 PINE TREE DRIVE
CITY ST ZIP	MIAMI BCH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Goldszmidt* 6/6/95 305-324-5204
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Telephone Number

PLEASE SIGN & DATE