FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:35

DOCUMENT # 600052 (5)

1. Corporation Name

KIRSCH, LEVINE AND SINGER, P.A.

Principal Place of Business

LOUIS SCHWARZKOPF
ROOM 208 927 LINCOLN ROAD
MIAMI BCH FL 33139-2618

Mailing Address

LOUIS SCHWARZKOPF
ROOM 208 927 LINCOLN ROAD
MIAMI BCH FL 33139-2618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/23/1961
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-0940647 ☐ Applied For ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SCHWARZKOPF,LOUIS
927 LINCOLN RD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 Louis Schwarzkopf (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) March 17, 1995. DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRSCH,RALPH E MD
STREET ADDRESS	595 SABAL PALM RD
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	LEVINE,OSCAR MD
STREET ADDRESS	645 FAIRWAY DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	KIRSCH,RALPH E
STREET ADDRESS	595M SABAL PALM RD
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	LEVINE,OSCAR
STREET ADDRESS	645 FAIRWAY DRIVE
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	S
NAME	SINGER, JOSEPH A (ASST)
STREET ADDRESS	1000 W ISLAND BLVD #1609
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 this 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: Ralph E Kirsch MD, President 3-14-95 (305) 672-9790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0147434 CR