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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **600052** **(5)**

1. Corporation Name
KIRSCH, LEVINE AND SINGER, P.A.

Principal Place of Business	Mailing Address
LOUIS SCHWARZKOPF ROOM 208 927 LINCOLN ROAD MIAMI BCH FL 33139-2618	LOUIS SCHWARZKOPF ROOM 208 927 LINCOLN ROAD MIAMI BCH FL 33139-2618

3. Date Incorporated or Qualified: 10/23/1961
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business	2a. Mailing Address
21 801 Arthur Godfrey Rd.#402	26 801 Arthur Godfrey Rd.#402
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami Beach, Florida	28 Miami Beach, Florida
24 Zip 33140 / 25 Country Dade	29 Zip 33140 / 30 Country Dade

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHWARZKOPF,LOUIS 927 LINCOLN RD MIAMI BEACH FL 33139	61 Name: Joseph A. Singer, M. D. 62 Street Address (P.O. Box Number is Not Acceptable): 801 Arthur Godfrey Road #402 63 64 City: Miami Beach. FL 65 Zip Code: 33140

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: [signature] 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KIRSCH,RALPH E MD 595 SABAL PALM RD MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEVINE,OSCAR MD 645 FAIRWAY DRIVE MIAMI BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRSCH,RALPH E 595M SABAL PALM RD MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEVINE,OSCAR 645 FAIRWAY DRIVE MIAMI BEACH FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SINGER, JOSEPH A (ASST) 1000 W ISLAND BLVD #1609 N. MIAMI BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] Joseph A Singer 4/10/97 (305)672-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190431