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 FEB 24 PM 4:05

DOCUMENT # **600231** **(5)**

1. Corporation Name
INTERNAL MEDICINE ASSOCIATES OF HOLLYWOOD, P.A.

Principal Place of Business	Mailing Address
750 S. FEDERAL HWY. HOLLYWOOD FL 33020	750 S. FEDERAL HWY. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1965** | 3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21): | 2a. Mailing Address (26):

Suite, Apt. #, etc. (22): | Suite, Apt. #, etc. (27):

City & State (23): | City & State (28):

Zip (24) / Country (25): | Zip (29) / Country (30):

4. FEI Number: **59-1098019** ☐ 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

KLEIN, THEODORE J
16855 N.E. 2ND AVENUE
SUITE 301
NORTH MIAMI BEACH FL 33162

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 _____
(Signature of president or vice president of registered agent corporation if applicable) (If registered agent is an individual, that individual must sign here.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	SILVER, STANLEY M.	12 NAME	SILVER, STANLEY M, MD
STREET ADDRESS	750 S. FEDERAL HWY	13 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	14 CITY ST ZIP	33020
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	GOLDSTEIN, LEO	22 NAME	GOLDSTEIN, LEO, MD
STREET ADDRESS	750 S. FEDERAL HWY	23 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	24 CITY ST ZIP	33020
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~FINBERG, ROBERT~~	32 NAME	Delete
STREET ADDRESS	~~750 S. FEDERAL HWY~~	33 STREET ADDRESS	
CITY ST ZIP	~~HOLLYWOOD FL~~	34 CITY ST ZIP	~~33020~~
TITLE	PD	41 TITLE	☒ Change ☐ Addition
NAME	HIRSCH, HENRY	42 NAME	HIRSCH, HENRY, MD
STREET ADDRESS	750 S. FEDERAL HWY	43 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP	33020
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	GREENBERG, EDWARD	52 NAME	GREENBERG, EDWARD, MD
STREET ADDRESS	750 S. FEDERAL HWY	53 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	54 CITY ST ZIP	33020
TITLE	SD	61 TITLE	☒ Change ☐ Addition
NAME	OXENHANDLER, SCOTT	62 NAME	OXENHANDLER, SCOTT, MD
STREET ADDRESS	750 S. FEDERAL HIGHWAY	63 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	64 CITY ST ZIP	33020

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: X _____ 2/17/95 (305)924-7716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

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