

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 600231 (5)
1. Corporation Name
INTERNAL MEDICINE ASSOCIATES OF HOLLYWOOD, P.A.



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

Mailing Address
750 S. FEDERAL HWY.
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified 05/14/1965
3a. Date of Last Report 02/24/1995
4. FEI Number 59-1098019
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

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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0500 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 Registered Agent (Required if changing agent)

(NOTE: Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	☐ DELETE		1. TITLE	Silver, Stanley MD	☒ Change	☐ Addition
NAME	SILVER, STANLEY M D			2. NAME			
STREET ADDRESS	750 S. FEDERAL HWY			3. STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL			4. CITY- ST- ZIP			
TITLE	VD	☐ DELETE		2. 1. TITLE		☐ Change	☐ Addition
NAME	GOLDSTEIN, LEO M.D.			2. 2. NAME			
STREET ADDRESS	750 S. FEDERAL HWY			2. 3. STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL			2. 4. CITY- ST- ZIP			
TITLE	PD	☐ DELETE		3. 1. TITLE	Hirsch, Henry MD	☒ Change	☐ Addition
NAME	HIRSCH, HENRY M D			3. 2. NAME			
STREET ADDRESS	750 S. FEDERAL HWY			3. 3. STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL			3. 4. CITY- ST- ZIP			
TITLE	TD	☐ DELETE		4. 1. TITLE	Greenberg, Edward MD	☒ Change	☐ Addition
NAME	GREENBERG, EDWARD M D			4. 2. NAME			
STREET ADDRESS	750 S. FEDERAL HWY			4. 3. STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL			4. 4. CITY- ST- ZIP			
TITLE	SD	☐ DELETE		5. 1. TITLE		☐ Change	☐ Addition
NAME	OXENHANDLER, SCOTT M.D.			5. 2. NAME			
STREET ADDRESS	750 S. FEDERAL HIGHWAY			5. 3. STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD FL			5. 4. CITY- ST- ZIP			
TITLE		☐ DELETE		6. 1. TITLE		☐ Change	☐ Addition
NAME				6. 2. NAME			
STREET ADDRESS				6. 3. STREET ADDRESS			
CITY- ST- ZIP				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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER X 2/21/96 X 954-921-8191

Date

Daytime Phone #

CR2E034 (12/95)