

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **600452** (7)

1. Corporation Name
STEMERMAN, LAZARUS, SIMOVITCH, BILLINGS, FINER AND GINSBURG, M.D.'S, P.A.



Principal Place of Business Mailing Address
7001 SOUTH WEST 87 AVENUE MIAMI FL 33173

3. Date Incorporated or Qualified **09/20/1968** 3a. Date of Last Report **04/18/1995**
4. FEI Number **59-1220419** 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 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. County 25. County 29. Country 30. Country

9. Name and Address of Current Registered Agent

**RUFFNER, CHARLES L ESQ
3001 SW 3RD AVE. #100
MIAMI FL 33129**

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: _____ DATE: _____
Name of Registered Agent (Name of new registered agent only, if applicable) Name of Registered Agent (signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMOVITCH, HARVEY	
STREET ADDRESS	5740 SW 118 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FINER, MICHAEL	
STREET ADDRESS	10520 SW 126 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAZARUS, STEPHEN	
STREET ADDRESS	10588 SW 112 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BILLINGS, DAVID	
STREET ADDRESS	15310 SW 77 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GINSBURG, MARK	
STREET ADDRESS	10302 SW 141 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 Book 12 or Book 13 of changes filed on an attachment with an address.

SIGNATURE: *Mark Ginsburg* **MARK GINSBURG, MD** 1/26/96 (305) 271-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)