

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED
NOV 14 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601690 (1)
1. Corporation Name
DRS. HOCHBERG, GINSBERG, SCHWARTZ & SELIGER, P.A.

Principal Place of Business
MEMORIAL MEDICAL OFFICE CENTER
1150 NORTH 35TH AVENUE #345
HOLLYWOOD FL 33021

Mailing Address
MEMORIAL MEDICAL OFFICE CENTER
1150 NORTH 35TH AVENUE #345
HOLLYWOOD FL 33021



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HOCHBERG, VICTOR I M.D.
1150 N. 35TH AVENUE
#345
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box, etc.)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 Victor I. Hochberg, M.D.

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-instatement)

11-3-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOCHBERG, VICTOR I
STREET ADDRESS 1009 N. SOUTHLAKE DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VP
NAME GINSBERG, PAUL
STREET ADDRESS 3121 N. 52ND AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE S
NAME SCHWARTZ, HARVEY M.D.
STREET ADDRESS 3321 S.W. 57TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33321

TITLE T
NAME SELIGER, ISLON M.D.
STREET ADDRESS 3881 N. 45TH AVENUE
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

REINSTATEMENT

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

11/22/97 94-081-2657

CR2E034 (4/97)