FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **601946** **(7)**

1. Corporation Name

DR. DONALD L. GLUCKSMAN, M.D., P.A.

Principal Place of Business	Mailing Address
250 W. 63RD ST., 8TH FL., SUITE E MIAMI BEACH FL 33141	250 W. 63RD ST., 8TH FL., SUITE E MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: **02/13/1970**
3a. Date of Last Report: **01/18/1995**

4. FEI Number: **59-1286543** ☐ 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 (21) Suite, Apt. #, etc. (22) City, & State (23) Zip (24) County (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City, & State (28) Zip (29) County (30)

9. Name and Address of Current Registered Agent

GLUCKSMAN,DONALD L
250 W. 63RD ST., 8TH FL., SUITE E
MIAMI BEACH FL 33141

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 617.1502, 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 (Typed or Printed Name of Registered Agent and Title if Applicable) (Registered Agent's Signature Required if Filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1 TITLE ☐ Change ☐ Addition
1 NAME	GLUCKSMAN,DONALD L		1 NAME
1 STREET ADDRESS	250 WEST 63RD ST. #8E		1 STREET ADDRESS
1 CITY-ST-ZIP	MIAMI BEACH FL		1 CITY-ST-ZIP
2 TITLE	S	☐ DELETE	2 TITLE ☐ Change ☐ Addition
2 NAME	SAFAVI, BADRI		2 NAME
2 STREET ADDRESS	250 WEST 63RD ST. #8E		2 STREET ADDRESS
2 CITY-ST-ZIP	MIAMI BEACH FL		2 CITY-ST-ZIP
3 TITLE	T	☐ DELETE	3 TITLE ☐ Change ☐ Addition
3 NAME	GLUCKSMAN,DONALD L.		3 NAME
3 STREET ADDRESS	250 WEST 633RD. ST. #8E		3 STREET ADDRESS
3 CITY-ST-ZIP	MIAMI BEACH FL		3 CITY-ST-ZIP
4 TITLE		☐ DELETE	4 TITLE ☐ Change ☐ Addition
4 NAME			4 NAME
4 STREET ADDRESS			4 STREET ADDRESS
4 CITY-ST-ZIP			4 CITY-ST-ZIP
5 TITLE		☐ DELETE	5 TITLE ☐ Change ☐ Addition
5 NAME			5 NAME
5 STREET ADDRESS			5 STREET ADDRESS
5 CITY-ST-ZIP			5 CITY-ST-ZIP
6 TITLE		☐ DELETE	6 TITLE ☐ Change ☐ Addition
6 NAME			6 NAME
6 STREET ADDRESS			6 STREET ADDRESS
6 CITY-ST-ZIP			6 CITY-ST-ZIP

14. I 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 of changes or on an attached sheet with an address.

SIGNATURE: Donald L. Glucksman 1/12/96 305/866-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Telephone Number)

CR2E034 (12/95)