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PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

101

## **FILED** Mar 17 1998 8:00am Secretary of State

|  | A. KRINZMAN M.D., P.A.                                     |  |  |  |  |                                     |               |                                       |   |
|--|--|--|--|--|--|-------------------------------------|---------------|---------------------------------------|---|
| Principal Place of Business Mailing Address  |  |  |  |  |  |                                     |               |                                       |   |
| 2100 E. HALLANDALE BEACH BLVD.<br>SUITE 306<br>HALLANDALE FL 33009   |  | 2100 E. HALLANDALE BEACH BLVD.<br>SUITE 306<br>HALLANDALE FL 33009 |  |  | DO NOT V   | VRITE IN THIS                       | S SPACE       |                                       |   |
| HALLMADALE F   | L 33003  | HALLMONLE PL SA  | <b>10</b> 3  |  |  | 3. Date Incorporated or Qual        |               |                                       |   |
|  |  |  |  |  |  | 10/26/1971                          |               |                                       |   |
| 2. Principal Plac  | e of Business  | 2a. Mailing Address  |  |  |  | 4. FEI Number                       | <del></del>   | I IA                                  | oplied For  |
| 21   |  | 26   |  |  |  | 59-1361446                          |               | <del></del>                           | ot Applicable   |
| Suite, Apt. #.   | etc  | Suite, Apt. #, etc.  |  |  |  |                                     | a 🗆           |                                       | Additional  |
| 22   |  | 27   |  |  |  | 5. Certificate of Status Desire     |               | Fee R                                 | equired   |
| City & State   |  | City & State   |  |  |  | 6. Election Campaign Financ         | ing           | \$5.00                                | May Be  |
| 23   |  | 28   | ,  |  |  | Trust Fund Contribution             |               | Added                                 | to Fees   |
| Zip  | Country  | <b>Z</b> ip  | h  | ountry   |  | 8. This corporation owes or h       | •             |                                       |   |
| 24   | 25   | 29   | 30   | ,  |  | Personal Property Tax due           |               |                                       | No  |
|  | 9. Name and Address of Current                             | r Registerea Agent   |  | 81   | Name   | 10. Name and Address of Ne          | w Hagistere   | a Agent                               |   |
|  | ZMAN,EDWARD A  |  |  | "  "   | Name   |                                     |               |                                       |   |
|  | E HALLANDALE BEACH BLVD                                    | ).   |  | 82   | Street Addr  | ress (P.O. Box Number is Not Acc    | eptable)      |                                       |   |
|  | E 306  |  |  | 83   |  |                                     |               |                                       |   |
| HALL   | ANDALE FL 33009  |  |  | 83   |  |                                     |               |                                       |   |
|  |  |  |  | 84 (   | City   |                                     | F             | <b>85</b> Zip                         | Code  |
|  |  | 10071500 5: :1 0   |  | <u> </u>   | <del></del>  |                                     |               |                                       |   |
| 11. Pursuant to  | the provisions of Sections 607.0502                        | 2 and 607 1508, Florida Sta  | atules, the a  | Dhava n  | named corn   | coration submits this statement for | the purpose   | of changing i                         | ts registered   |
| onice or reg   | i <b>sterou agoni. Or both, in the state</b> i             | of Florida. Such change w  | as authorize   | ed by th   | ne corporat  | tion's board of directors. I hereby | accept the ar | opointment as                         |   |
| agent. I am  | familiar with, and accept the obliga                       | of Florida. Such change wittions of, Section 607.0505              | as authoriza<br>, Florida Sta  | ed by thatules.  | ne corporat  | tion's board of directors. I hereby | accept the ap | opointment as                         | rogistorou  |
| SIGNATURE  |  |  | as authorize<br>, Florida Sta  | ed by th<br>atules.  | ne corporat  | tion's board of directors. I hereby | accept the ap | opointment as                         |   |
| SIGNATURE SIGNATURE  | nature, typed or printed name of registried ager           | nt and title if applicable. (                                      | as authorize<br>, Florida Sta<br>NOTE: Register  | ed by thatules.  | ne corporat  | tion's board of directors. I hereby | accept the ap |                                       |   |
| SIGNATURE SIGNATURE  |  | nt and title if applicable. (                                      | as authorize, Florida Sta  | ed by th<br>atules.<br>ed Agents   | ne corporat  | tion's board of directors. I hereby | accept the ap | ND DIRECTOR                           | RS IN 12  |
| SIGNATURE SIGNATURE  112.  TITLE   | OFFICERS AND   | nt and title if applicable. (                                      | as authorize , Florida Sta  NOTE: Register  13.  | ed by the atutes.  | ne corporat  | tion's board of directors. I hereby | accept the ap |                                       |   |
| SIGNATURE SIGNATURE  112.  TITLE  NAME   | OFFICERS AND P KRINZMAN, EDWARD A                          | nt and title if appricable. (D) DIRECTORS DELETE                   | as authorize , Florida Sta  NOTE: Register  13.  1.11  | ed by the atutes.  THE Agent S  TITLE  NAME  | ne corporati   | tion's board of directors. I hereby | accept the ap | ND DIRECTOR                           | RS IN 12  |
| SIGNATURE SIGNATURE  12. TITLE NAME STREET ADDRESS   | OFFICERS AND P KRINZMAN, EDWARD A 2100 E-HALLANDALE BCH BL | nt and title if appricable. (D) DIRECTORS DELETE                   | as authorizi<br>, Florida Sta<br>NOTE: Register<br>13.<br>1.1.1<br>1.2.1<br>1.3.3  | ed by the atures.  TITLE  NAME  STREET ADA   | ne corporat  | tion's board of directors. I hereby | accept the ap | ND DIRECTOR                           | RS IN 12  |
| SIGNATURE SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND P KRINZMAN, EDWARD A                          | nt and tale if approable. (DDIRECTORS DELETE                       | as authorizing, Florida Standard Register  NOTE: Register  13. 1.11 1.21 1.33 1.44   | ed by the atures.  THE NAME STREET ADE   | ne corporat  | tion's board of directors. I hereby | accept the ap | ND DIRECTOR  Change                   | RS IN 12  |
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