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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F02697

1. Corporation Name ELIEZER J. LIVNAT, M.D., INC.

Principal Place of Business 4651-SHERIDAN ST. STE 400 HOLLYWOOD FL 33021

Mailing Address 4651 SHERIDAN ST. STE 400 HOLLYWOOD FL 33021

2. Principal Place of Business 21 4900 W OAKLAND PARK BLVD SUITE 301 LAUDERDALE LAKES FL USA

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA

9. Name and Address of Current Registered Agent

MARTUS, JAY A ESO 4651 SHERIDAN ST. SUITE 400 HOLLYWOOD FL 33021

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 [Signature of Jay A. Martus, Registered Agent]

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: PD, LIVNAT, ELIEZER J MD, 4900 W OAKLAND PARK BLVD, SUITE 301, LAUDERDALE LAKES FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entries for Mitchell E. S. Park, Leontis Corp, and Jay A. Martus.

9811 16 00 11 09



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/22/1980
4. FEI Number 59-2026426
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year Intangible Personal Property Tax
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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: [Signature of Eliezer J. Livnat, M.D., Inc.]

4/12/99 981-986-7770

CR2E034 (11/98)