


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Miami Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F10893** (8)

1. Corporation Name
WIRTSHAFTER AND KAUFMAN, M.D., P.A.

Principal Place of Business

**4302 ALTON RD
#920
MIAMI BEACH FL 33140**

Mailing Address

**4302 ALTON RD
#920
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1980

4. FEI Number

59-2042716

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **Same**

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DOLCHIN, STEVE B., P.A.
4330 SHERIDAN ST
THE OAKS, SUITE 202B
HOLLYWOOD FL 33021**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
WIRTSHAFTER, AMERY
13050 BISCAYNE BAY TERR
N MIAMI FL**

TITLE ☒ DELETE

**STD
KAUFMAN, MARK
429 CENTER ISLAND
GOLDEN BEACH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY - ST - ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY - ST - ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY - ST - ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY - ST - ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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:

Amey Wirtshafter

2/17/98

**305
672 4222**

CR2E034 (10/97)