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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P92000015390 (7) DOCUMENT # JOEL FRANKEL, M.D., PULMONARY ASSOCIATES, P.A. Principal Place of Business Mailing Address 2951 NW 49TH AVE 2951 NW 49TH AVE FT LAUDERDALE FL 33313 FT LAUDERDALE FL 33313 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1992 01/30/1995 2. Principal Place of Business 2a. Mailing Address **FLI Number** Applied For 21 65-0376601 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Z_{P} Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent *M.Z. REGISTERED AGENT CORP. % FINE, JACOBSON, SCHWARTZ, NASH & BLOCK 100 SE 2ND ST 36TH FLOOR MIAMI FL 33131 85 Zip Code e above named corporation submits this statement for the purpose of changing its registered office the corporation's boays of directors. Thereby accept the appointment as registered agent. I am 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stati or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 607.0505, BRIAN A. HART 3/28/96 SIGNATURE: OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition FRANKEL, JOEL NAME 1.2 NAME 2951 NW 49TH AVE STHEET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33313 DITY-ST-ZIP 1.4 CHTY - ST - ZIP THILE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZiP 24 CITY-S1-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 SUBFEL ADDRESS CBY-ST-ZIP 3.4 CITY - ST - 7IP DELETE TITLE 4 1 TITLE Change Addition NAME 4.2 NAME **700001764357** -04/01/96--01034-<u>-007</u> STHEET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP ***200.00 DELETE TITLE 5 1 TIRLE Change ■ Addition NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS CiTY-S1-ZiP 5 4 CITY - ST- 2IF THILE DEL ETE 6 1 TITLE Change Addition

14. I do 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)(k). 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 chapged, or on an attactyment with an address.

6.2 NAME

6.3 STREET ADDRESS

64 CHTY - ST - ZIP

SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY - ST - ZIP

(12/95)

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