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Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000015390 (7)

1. Corporation Name: JOEL FRANKEL, M.D., PULMONARY ASSOCIATES, P.A.



Principal Place of Business: 2951 NW 49TH AVE FT LAUDERDALE FL 33313  
Mailing Address: 2951 NW 49TH AVE FT LAUDERDALE FL 33313-1600

3. Date Incorporated or Qualified: 12/31/1992  
3a. Date of Last Report: 03/30/1996

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.  
4. FEI Number: 65-0376601  
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 (checked), No

9. Name and Address of Current Registered Agent: HART, BRIAN, 1 SE THIRD AVE, MIAMI FL 33131  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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]

12. OFFICERS AND DIRECTORS (Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox)  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes)

14. I do 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: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)