

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000004666 (1)**

1. Corporation Name  
**IVY MEDS OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**9750 NW 33RD ST  
SUITE 213  
CORAL SPRINGS FL 33065**

Mailing Address  
**9750 NW 33RD ST  
SUITE 213  
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified **01/20/1994**      3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0467052**      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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KOHAN, MEL MD  
9750 NW 33RD ST  
SUITE 213  
CORAL SPRINGS FL 33065**

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 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Mel Kohan, MD*      DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOHAN, MEL MD</b>	
STREET ADDRESS	<b>% 9750 NW 33RD ST SUITE 213</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DONALD HELMAN, MD</b>	
1.3 STREET ADDRESS	<b>9750 NW 33RD ST. SUITE 213</b>	
1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
2.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SUSAN SAFE, MD.</b>	
2.3 STREET ADDRESS	<b>9750 NW 33RD ST. SUITE 213</b>	
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
3.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JOSE MATEO MD.</b>	
3.3 STREET ADDRESS	<b>9750 NW 33RD ST. SUITE 213</b>	
3.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 changed, or on an attachment with an address.

SIGNATURE: *Mel Kohan, MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)