

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 # **P94000040984 (4)**

1. Corporation Name
IVY MEDS OF SOUTH FLORIDA CORPORATION A. INC.



Principal Place of Business
**9750 N.W. 33RD STREET
SUITE 213
CORAL SPRINGS FL 33065**

Mailing Address
**9750 N.W. 33RD STREET
SUITE 213
CORAL SPRINGS FL 33065**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

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

3. Date Incorporated or Qualified
06/01/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
APPLIED FOR 65-0572416

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

9. Name and Address of Current Registered Agent
**KOHAN, MEL
9750 N.W. 33RD STREET
SUITE 213
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Mel Kohan*
Signature Typed or Printed Name of Registered Agent and Title (if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHAN, MEL	12. NAME	DONALD HELMAN, MD
STREET ADDRESS	9750 N.W. 33RD STREET, STE. 213	13. STREET ADDRESS	9750 NW 33 ST, SUITE 213
CITY - ST - ZIP	CORAL SPRINGS FL 33065	14. CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE		2. TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	SUSAN SAKS, MD.
STREET ADDRESS		23. STREET ADDRESS	9750 NW 33 ST, SUITE 213
CITY - ST - ZIP		24. CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE		3. TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	JOSE MATRO, MD.
STREET ADDRESS		33. STREET ADDRESS	9750 NW 33 ST, SUITE 213
CITY - ST - ZIP		34. CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)