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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 # P93000058321 (9)

1. Corporation Name
INTERNAL MEDICINE ASSOCIATES OF BROWARD, P.A.

Principal Place of Business
140 NW 70TH AVE
FT LAUDERDALE FL 33317

Mailing Address
P.O. BOX 16990
PLANTATION FL 33318-6990
US



2. Principal Place of Business

21 140 SW 84th Avenue
Suite, Apt #, etc.

22 D
City & State

23 Plantation FL
Zip Country

24 33324 25 USA

2a. Mailing Address

26 P.O. BOX 16990
Suite, Apt #, etc.

27
City & State

28
Zip Country

29 30

3. Date Incorporated or Qualified
08/11/1993

3a. Date of Last Report
02/07/1996

4. FEI Number
59-3195643

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

9. Name and Address of Current Registered Agent

LAVENDER, JOEL R
507 SE 11 CT
FT LAUDERDALE FL 33316

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 fax, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME SELBST, ALLAN M
STREET ADDRESS 150 NW 70TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33317

TITLE VP ☐ DELETE
NAME SAEZ, ROBERTO
STREET ADDRESS 150 NW 70 AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 140 SW 84th Avenue Suite D
1.4 CITY-ST-ZIP Plantation FL 33324

2.1 TITLE V/D ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 140 SW 84th Avenue Suite D
2.4 CITY-ST-ZIP Plantation FL 33324

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

(954) 370-2021

Date Daytime Phone #

CR2E034 (9/96)