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 # **459268** **(9)**

1. Corporation Name

DRS. CHESTLER AND ROBBINS, P.A.

Principal Place of Business
250 W. 63 ST. SUITE 2A
MIAMI BEACH FL 33141

Mailing Address
250 W. 63 ST. SUITE 2A
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified: 08/06/1974
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21 4701 N. MERIDIAN AV.
22 Suite, Apt. #, etc. SUITE 7430
23 City & State MIAMI BEACH FL
24 Zip 33140 25 Country DADE

2a. Mailing Address
26 4701 N. MERIDIAN AV
27 Suite, Apt. #, etc. SUITE 7430
28 City & State MIAMI BEACH FL
29 Zip FL 33140 30 Country 33140 DADE

4. FEI Number 59-1550767 — 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

~~ROBBINS, RICHARD P.~~
~~250 W. 63 ST SUITE 2A~~
~~MIAMI BEACH FL~~

10. Name and Address of New Registered Agent

B1 Name CARL M. CHESTLER, MD
B2 Street Address (P.O. Box Number is Not Acceptable) 4701 N MERIDIAN AV
B3 SUITE 7430
B4 City MIAMI BEACH FL B5 Zip Code 33140

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] DATE 2/27/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	CHESTLER, CARL M.	
STREET ADDRESS	1260 99TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	☒ DELETE
NAME	~~ROBBINS, RICHARD P.~~	
STREET ADDRESS	~~1571 STILLWATER DRIVE~~	
CITY-ST-ZIP	~~MIAMI BEACH 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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 with changes, if any, or on an attachment with an address.

SIGNATURE: [signature] 2/27/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)