FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:39

DOCUMENT # **466928** **(9)**

1. Corporation Name
THESING & FRANKOWITZ, D.O., P.A.

Principal Place of Business	Mailing Address
SUNRISE PROFESSIONAL CENTER SUITE 118 5975 W SUNRISE BLVD. SUNRISE FL 33313	SUNRISE PROFESSIONAL CENTER SUITE 118 5975 W SUNRISE BLVD. SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1974
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business — 21: Sunrise
2a. Mailing Address — 26: Same
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: Same
City & State — 28:
Zip — 24: Same
Country — 25: Same
Zip — 29:
Country — 30:

4. FEI Number: 59-1564085 ☐ 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. The corporation has liability for intangible tax under S. 199.042, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROSENBERG, A. ATTY
4875 N FEDERAL HWY 7TH FL
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 title if applicable) _____ (Date) (Registered Agent Signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	THESING, JOHN F.	12 NAME	
STREET ADDRESS	5975 W SUNRISE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	14 CITY-ST-ZIP	
TITLE	TV	21 TITLE	☐ Change ☐ Addition
NAME	FRANKOWITZ, STANLEY H	22 NAME	
STREET ADDRESS	5975 W SUNRISE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 00000	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SALTZMAN, DAVID B.	32 NAME	
STREET ADDRESS	5975 W SUNRISE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TYTLER, NEIL B., JR	42 NAME	
STREET ADDRESS	5975 W. SUNRISE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
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)(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: S FRANKOWITZ 2/19/95 $83.04/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0221749 CP