


4-13-98 B-4544 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 479065 (5) 1. Corporation Name LAWRENCE M. CIMENT, M.D., ABRAHAM ROTBART, M.D. AND ROBERT N. GALBUT, M.D., INC.			
Principal Place of Business 4701 MERIDIAN AVE 4TH FLOOR MIAMI BCH FL 33140		Mailing Address 4701 MERIDIAN AVE 4TH FLOOR MIAMI BCH FL 33140	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 4300 Alton Road Suite, Apt. #, etc. Suite 1000		2a. Mailing Address 26 4300 Alton Road Suite, Apt. #, etc. Attn: Legal Department	
22 Miami Beach, FL 33140 City & State		27 Miami Beach, FL City & State	
23 33140 Zip		28 33140 Zip	
24 USA Country		29 USA Country	
9. Name and Address of Current Registered Agent CIMENT, M.D., LAWRENCE M 4701 MERIDIAN AVE 4TH FLOOR MIAMI BCH. FL 33140		10. Name and Address of New Registered Agent 81 Name Alyson R. Osman 82 Street Address (P.O. Box Number is Not Acceptable) 4300 Alton Road 83 84 City Miami Beach, FL 85 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 <i>Alyson R. Osman</i> 3/18/98 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ROTBART, ABRAHAM, MD	1.1 TITLE President/Director	NAME Fred D. Hirt
STREET ADDRESS 4701 MERIDIAN AVE 4TH FL	CITY-ST-ZIP MIAMI BEACH FL	1.2 STREET ADDRESS 4300 Alton Road	1.3 CITY-ST-ZIP Miami Beach, FL 33140
TITLE SD	NAME CIMENT, LAWRENCE M. MD.	2.1 TITLE Secretary/Director	NAME Robert J. Henkel
STREET ADDRESS 4701 MERIDIAN AVE 4TH FL	CITY-ST-ZIP MIAMI BEACH FL	2.2 STREET ADDRESS 4300 Alton Road	2.3 CITY-ST-ZIP Miami Beach, FL 33140
TITLE V	NAME GALBUT, ROBERT N., MD.	3.1 TITLE Treasurer/Director	NAME Larry Hudson
STREET ADDRESS 4701 MERIDIAN AVE 4TH FL	CITY-ST-ZIP MIAMI BEACH FL	3.2 STREET ADDRESS 4300 Alton Road	3.3 CITY-ST-ZIP Miami Beach, FL 33140
TITLE 	NAME 	4.1 TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	4.2 STREET ADDRESS 	4.3 CITY-ST-ZIP
TITLE 	NAME 	5.1 TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.2 STREET ADDRESS 	5.3 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.2 STREET ADDRESS 	6.3 CITY-ST-ZIP
14. I 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: <i>Larry Hudson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Treasurer/Director (305) 674-2143	

CR2E034 (10/97)