


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 19 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 479473 (1)**  
1. Corporation Name  
**MANDY & LANDSMAN, M.D., P.A.**



Principal Place of Business <del>6262 SUNSET DRIVE #508</del> <b>7330 SW 62 PL #200</b> MIAMI FL 33143	Mailing Address 6262 SUNSET DRIVE #508 MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7330 SW 62 PL</b> Suite, Apt. #, etc. 22 <b>Suite 200</b> City & State 23 <b>Miami</b> Zip 24 <b>33143</b>	2a. Mailing Address 26 <b>7330 SW 62 PL</b> Suite, Apt. #, etc. 27 <b>Suite 200</b> City & State 28 <b>Miami</b> Zip 29 <b>33143</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>06/23/1975</b>	4. FEI Number <b>59-1596941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**LANDSMAN, LARRY M.D.  
6262 SUNSET DRIVE #508  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name <b>Larry Landsman, M.D.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7330 S.W. 62nd Place #200</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33143</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDSMAN, LARRY M.D.</b>	
STREET ADDRESS	<b>6262 SUNSET DR #508</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Larry Landsman, M.D.</b>	
1.3 STREET ADDRESS	<b>7330 S.W. 62nd Place #200</b>	
1.4 CITY-ST-ZIP	<b>Miami, FL 33143</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: \_\_\_\_\_ **2-10-98 (305) 462-7831**

CR2E034 (10/97)