

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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90009 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Morthom Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 479473
1. Corporation Name
Mandy & Landsman, M.D., P.A.

Principal Place of Business 7330 S.W. 62nd Place #200 Miami, FL 33143	Mailing Address 7330 S.W. 62nd Place #200 Miami, FL 33143
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2. Principal Place of Business 21 7330 S.W. 62nd Place Suite, Apt. #, etc. 22 Suite #200 City & State 23 Miami, FL 33143 Zip 24 33143 Country 25 US	2a. Mailing Address 26 7330 S.W. 62nd Place Suite, Apt. #, etc. 27 Suite #200 City & State 28 Miami, FL 33143 Zip 29 33143 Country 30 US
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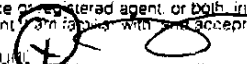
3. Date Incorporated or Qualified 6/23/75	3a. Date of Last Report 2/19/98
4. FEI Number 59-1596941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Larry Landsman, M.D.
7330 S.W. 62nd Place #200
Miami, FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 and agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: 5/20/99

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	Larry Landsman, M.D.	
STREET ADDRESS	7330 S.W. 62nd Place, #200	
CITY- ST- ZIP	Miami, FL 33143	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 2 or Block 12 if changed, or on an attachment with an address

SIGNATURE:  President Date: 5/20/99 (305) 667-7831

UP2EUG4 (9/98)