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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 479913 (6)

1. Corporation Name
BARRY S. KAPLAN, M.D., P.A.

Principal Place of Business
6361 SUNSET DRIVE
MIAMI FL 33143

Mailing Address
6361 SUNSET DRIVE
MIAMI FL 33143-4842

3. Date Incorporated or Qualified
07/01/1975

3a. Date of Last Report
03/20/1996

4. FEI Number
59-1612096

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

2. Principal Place of Business

21 20191 E. COUNTRY CLUB DR

Suite, Apt. #, etc.
22 #TH-1

City & State
23 AVENTURA FL

Zip Country
24 33180 USA

2a. Mailing Address

26 20191 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.
27 #TH-1

City & State
28 AVENTURA FL

Zip Country
29 33180 USA

9. Name and Address of Current Registered Agent

SHEEHE, VENDITTELLI L
201 SO BISCAYNE BLVD.
#1800 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name BARRY S. KAPLAN
82 Street Address (P.O. Box Number is Not Acceptable)
20191 E. COUNTRY CLUB DR
83 #TH-1
84 City AVENTURA FL 85 Zip Code 33180

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 Barry S. Kaplan BARRY S. KAPLAN

(NOTE: Registered Agent signature required when reinstating)

DATE 1/24/97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME KAPLAN, BARRY S
STREET ADDRESS 6361 SUNSET DR
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME NOWELS, ANTHONY
STREET ADDRESS 6361 SUNSET DR
CITY-ST-ZIP MIAMI 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 PD ☒ Change ☐ Addition
1.2 NAME KAPLAN, BARRY S
1.3 STREET ADDRESS 20191 E. COUNTRY CLUB DR #TH-1
1.4 CITY-ST-ZIP AVENTURA FL 33180

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)