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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996		? DIVI	Secretary o SION OF COR					
DOCU 1. Corporat	JMENT #	487147		(1)					
1	VARD LIFSHUTZ, N	M.D., P.A.	•						
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Principal Pla	ice of Business		Mailing Address	 S	<u></u> . <u></u> .				
18 COMPA			18 COMPASS						
US LAUDE	ERDALE FL 33308		FT. LAUDERD						
						3. Date Incorporated o	Qualified	3a. Date of Las	
	Place of Business		2a. Mailing Addr			10/01/1975 4. FEI Number		02/14/	r
Suite, Apt	L 136/L	2	Suite, Apt. #,			59-1621580		<u> </u>	Applied For Not Applicable
	u Born		27 Surie, Apt. #,	, etc.		5. Certificate of Status I	Desired		75 Additional
City & Sta	ate		City & State			6. Election Campaign F	inancina		e Required OO May Be
Zφ	Count		Ζ ιρ		Country	Trust Fund Contribut	ion	L. Ad	ded to Fees
24	25	2	9	30	Country	This corporation has Florida Statutes	liability for int	angible tax under	s 199.032,
	9. Name and Addre	ess of Current Re	gistered Agent			10. Name and Address	of New Reg	istered Agent	
LIFSHL	JTZ, HOWARD MD				81 Name				
18 CO	MPASS LANE				82 Street A	ddress (P.O. Box Number is No	Acceptable)		
FT LAU	IDERDALE FL 33308				83				
					84 City				
11. Pursuant	to the provisions of Section	ons 607.0502 and 6	607 1508 Florida	Statutes the	1 1 7			FL 85	Zip Code
11. Pursuant or register familiar wi	to the provisions of Sections of Sections agent, or both, in the ith, and accept the obligations.	ons 607.0502 and 6 State of Florida. Su tions of, Section 60	607.1508, Florida ich change was a 07.0505, Florida S	Statutes, the authorized by the	1 1 7	eoration submits this statement oard of directors. Thereby accep	for the purpor	FL 85 se of changing its	Zip Code registered office
				Statutes, the authorized by thatutes.	1 1 7	poration submits this statement oard of directors. Thereby accep	for the purpo It the appoint	FL 85 so of changing its tment as registere	Zip Code registered office ed agent. Lam
	Signature, typod or printed name of	of registered agent and title	if applicable.	(NOTE: Registe	above-named com ne corporation's b	dreed when registrans;		se of changing its tment as registere	registered office d agent. I am
12.	Signature, typod or printed name of PSD	of registered agent and tide FFICERS AND DIRE	if applicable.	(NOTE Regist	above-named come corporation's b			so of changing its truent as registers that ERS AND DIRECT	registered office d agent. I am ORS IN 12
IZ. ITLF	Signature, typod or printed name o PSD UFSHUTZ, HOWA	of registered agent and tide FFICERS AND DIRE	if applicable. ECTORS	(NOTE Hegistern 1)	above-named com ne corporation's b	dreed when registrans;		se of changing its tment as registere	registered office d agent. I am
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certify that the information in/licated or 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 appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

116/96 305491200/