FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996			F CORPORA	TIONS			
DOCU 1. Corporal	JMENT # 4944	127	(8)					
MAX	Well M. Gould, M.D., I	P.A.						
Principal Dia							i n i s and the law	
	ace of Business	Mailing A	odress				DIE 1880 BIBN 81811 (HABIN BUBUK BUBUK BUBUK N ab a
7301 N. U SUITE 305 TAMARAC		SUITE	7301 N. UNIVERSITY DR. Suite 305 Tamarac Fl 33321					
2. Principal I	Place of Business	7.			7,11	 Date Incorporated or Qualified 04/01/1976 	3a. Date of 05/ (Last Report 01/1995
21		2a. Mailing	g Address			4. FEI Number		Applied For
Suite, Apt	t. #, etc.		Apt. #, etc.			59-1662444		Not Applicable
22		27	,			5. Certificate of Status Desired		8.75 Additional
City & Sta	ate	City &	State			6. Election Campaign Financing		Fee Required
Zip	Country	28		7		Trust Fund Contribution		\$5.00 May Be Added to Fees
24	25	Zip 29		Country	,	8. This corporation has liability or	intangible tax u	nder s 199.032.
	9. Name and Address of Cui	rent Registered A	gent	30		Florida Statutes 🏋 Yes	⊱ 🔲 No	
				81	Name	10. Name and Address of New F	legistered Age	nt
	MAXWELL M. COULD							
7301 N Suite :	IORTH UNIVERSITY DR			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
	303 IAC FL 33319			83				
I / NINI/LI	MO LE 22218			84	City			
11. Pursuant	to the provisions of Sections 607 of	00 nod 607 1500	.,	. 11	,	_	FL 81	
or register familiar wi	red agent, or both, in the State of Fi	orida. Such change	was authori ze	s, the above-n d by the corpo	amed corpora pration s boar	ation submits this statement for the pur d of directors. Thereby accept the appo	pose of changin	g its registered office
SIGNATURE	and according to obligations of, Se	2010H 6U7.0505, Flo	orida Statutes,	•		- or or occord. Thoroby accept the appr	as regis	stered agent. I am
	Signature, typed or printed name of registered ag	ent and trie if applicable.	NOTE	Registered Agent	signature required	When reinstation		
12. Tille	PD OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	DATE CERS AND DID	ECTODO INLAO
NAME	GOULD,MAXWELL	L	DELETE	1, 1 TiTLE		100010011	Ch	
STREET ADDRESS	5207 WHITE OAK LANE			1.2 NAME				- P
CITY-ST-ZIP	TAMARAC FL			1.3 STREET #				
TITLE			DELETE	1.4 CITY - S1	ZIP			
NAME		LI	OLLC 1	2 1 111LE 2.2 NAME			☐ Cha	inge 🔲 Addition
STREET ADDRESS				E'S IANIAIE				
ITY-SI-ZIP				23 STREET A	DOBLEC			
ITLE				23 STREET A				
IAME			DELETE	23 STREET A 24 City-St- 3. 1 Title			√l Cha	ogo 🖂 Advitu
TREET ADDRESS 1			DELETE	2 4 C/TY - ST -			☐ Cha	nge 🔲 Addition
[DELETE	2 4 Crity - ST - 3. 1 Title	ZIP		☐ Cha	nge 🔲 Addition
ITY-ST-ZIP				2 4 City - St- 3.1 Tille 3.2 Name 3.3 Street a 3.4 City - St-	ZIP DORESS		Cha	nge 🔲 Addition
TREET ADDRESS TTY-ST-ZIP TLE AME			DELETE	24 CHY-SI- 3.1 THE 3.2 NAME 3.3 STREET A 3.4 CHY-SI- 4.1 THE	ZIP DORESS		Cha	
ITY-ST-ZIP				24 CHY-SI- 3.1 THE 3.2 NAME 3.3 STREET A 3.4 CHY-SI- 4.1 THE 4.2 NAME	ZIP DORESS ZIP			
HY-ST-ZIP ITLE AME				2.4 CHY-SI- 3.1 THE 3.2 NAME 3.3 STREET A 3.4 CHY-SI- 4.1 THE 4.2 NAME 4.3 STREET AC	ZIP DORESS ZIP FORESS	·		
HY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP TLE				24 CHY-SI- 3.1 THE 3.2 NAME 3.3 STREET A 3.4 CHY-SI- 4.1 THE 4.2 NAME	ZIP DORESS ZIP FORESS		Chai	nge Addition
HY-ST-ZIP TILE AME IBEET ADDRESS TY-ST-ZIP TLE AME			DELETE	2 4 CITY - ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY - ST- 4.1 TITLE 4.2 NAME 4.3 STREET AC 4.4 CITY - ST-	ZIP DORESS ZIP FORESS			nge 🔲 Addilion
HY-ST-ZIP TILE AME IREET ADDRESS TY-ST-ZIP TILE AME REET ADDRESS			DELETE	2 4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AC 4.4 CITY-SI- 5.1 TITLE	ZIP DORESS ZIP FORESS ZIP		Chai	nge Addition
ITY-ST-ZIP TILE AME IREET ADDRESS TY-ST-ZIP ILE AME REET ADDRESS IY-ST-ZIP			DELETE	2 4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET AC 4.4 CITY-SI- 5.1 TITLE 5.2 NAME	ZIP DORESS ZIP FORESS DRESS		Chai	nge Addition
ITY-ST-ZIP ITLE AME TREET ADDRESS			DELETE	2 4 City-St- 3.1 Title 3.2 NAME 3.3 STREET A 3.4 City-St- 4.1 Title 4.2 NAME 4.3 STREET AD 4.4 City-St- 5.1 Title 5.2 NAME 5.3 STREET AD 5.4 City-St-2 6.1 Title	ZIP DORESS ZIP FORESS DRESS		Chai	nge Addition
HY-ST-ZIP TILE AME IREET ADDRESS TY-ST-ZIP TILE MME REET ADDRESS TY-ST-ZIP LE			DELETE	2 4 CITY-SI- 3 1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-SI- 4.1 TITLE 4.2 NAME 4.3 STREET AC 4.4 CITY-SI- 5 1 TITLE 5.2 NAME 5.3 STREET AC 5.4 CITY-SI- 6.1 TITLE 62 NAME	ZIP DORESS ZIP DORESS ZIP DRESS		Chai	nge Addition
ITY-ST-ZIP TILE AMME IMEET ADDRESS TY-ST-ZIP TILE ME ME ME ME ME ME ME ME ME			DELETE DELETE	2 4 CITY-SI- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-SI- 4.1 TITLE 4.2 NAME 4.3 STREET AC 4.4 CITY-SI- 5.1 TITLE 5.2 NAME 5.3 STREET AC 6.1 TITLE 6.2 NAME 6.3 STREET AD	ZIP DORESS ZIP DORESS ZIP DORESS ZIP DORESS	he exemption stated in Section 119 07:	Char	nge Addition

celling that the impormation 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 appears in Block 12 or Block 13 if changed, or on an attachment in an address.

SIGNATURE:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/46 305.722-2600