

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 498230

1. Corporation Name

SANFORD L. YANKOW, M.D., P.A.

(2)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 FEB 14 PM 4:21

Principal Place of Business		Mailing Address	
8720 N. KENDALL DR. SUITE 108 MIAMI FL 33176 US		1010 SPRUCE ST. ESPAÑOLA NM 87532 US	
2. Principal Place of Business:		2a. Mailing Address:	
21	26	26	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	27	27
City & State		City & State	
23	28	28	28
Zip	Country	Zip	Country
24	25	29	30

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/01/1976	02/17/1994
4. FEINumber	Applied For Not Applicable
59-1647697	
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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**YANKOW, SANFORD L.
8720 N. KENDALL DR.
STE 108
MIAMI FL 33176-9208**

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

FL

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:

[Signature]

DATE: Registered Agent signature required when transmitting

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANKOW, SANFORD L.	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8720 N. KENDALL DR.	13. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	MIAMI FL	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		33. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		43. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		53. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE	NAME	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(4)(b), Florida Statutes. Further, that I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature shall have the same legal effect and may be used in place of my typed name in the space provided below.

SIGNATURE:

[Signature]
SANFORD L. YANKOW

2/17/95 505 747 1800

Date

Date Transmitted

0401300 FN