FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **510980** **(6)**

1. Corporation Name

GILIBERT & RABINOWITZ, M.D.'S, P.A.

Principal Place of Business

1140 KANE CONCOURSE
BAY HARBOR FL 33154

Mailing Address

1140 KANE CONCOURSE
BAY HARBOR FL 33154

3. Date Incorporated or Qualified: **09/01/1976**

3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1687254** ☐ 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

9. Name and Address of Current Registered Agent

RUFFNER, CHARLES L
601 BRICKELL KEY DR
SUITE 507, COURVOISIER CENTRE II
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL.** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 or 617.1508, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TYPE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILIBERT, JOSE E		1.2 NAME		
STREET ADDRESS	1140 KANE CONCOURSE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR FL		1.4 CITY-ST-ZIP		
2 TYPE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RABINOWITZ, MARK		2.2 NAME		
STREET ADDRESS	1140 KANE CONCOURSE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR FL		2.4 CITY-ST-ZIP		
3 TYPE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4 TYPE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5 TYPE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6 TYPE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I (We) hereby certify that the information supplied with this filing 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 added additionally with an address.

SIGNATURE: Jose E. Gilibert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96
Date

(305) 865 6886
Daytime Phone #