

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.**  
**AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

94 JUN 20 AM 9: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1994



FLORIDA DEPARTMENT OF STATE  
Jim Smyth  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **514744** (2)

1. Corporation Name  
**PAUL BRESLOW, D.C., P.A.**

Mailing Address  
**12501 N.E. 5TH AVENUE  
NORTH MIAMI FL 33161**

Principal Place of Business  
**12501 N.E. 5TH AVENUE  
NORTH MIAMI FL 33161**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/12/1976</b>	3a. Date of Last Report <b>03/25/1993</b>
4. FEI Number <b>59-1733250</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent

**BRESLOW, PAUL DR.  
12501 N.E. 5TH AVENUE  
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 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 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(Signature: typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
11 TITLE <b>P/D</b>	12 NAME <b>BRESLOW, PAUL</b>	11 TITLE	12 NAME
13 STREET ADDRESS <b>12501 N.E. 5TH AVE.</b>	14 CITY - ST - ZIP <b>NORTH MIAMI FL</b>	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY - ST - ZIP	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY - ST - ZIP	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY - ST - ZIP	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY - ST - ZIP	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY - ST - ZIP	63 STREET ADDRESS	64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in Section 110 (2)(b), 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 appointed to execute the trust as provided by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Breslow* *Paul Breslow* 6/14/94  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR