

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **515345** (7)

1. Corporation Name
AARON BOORSTEIN, M.D., P.A.

Principal Place of Business
**7171 N. UNIVERSITY DR.
TAMARAC FL 33321
US**

Mailing Address
**10021 NW 39TH CT.
CORAL SPRINGS FL 33065
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1976	
21 10021 NW 39th CT.	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1690841	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Coral Springs, FL	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33065	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FINE, STEVEN
109 S.E. 9TH ST.
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name **Friedberg & Pottruck, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
2151 West Hillsboro Blvd.
83 **Suite 213**
84 City **Deerfield Beach** **FL** 85 Zip Code **33442**

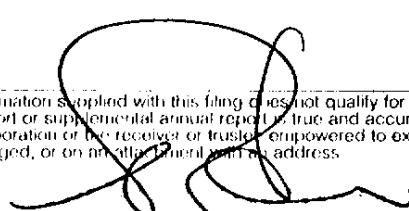
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Friedberg & Pottruck, P.A. : Melvin B. Friedberg, CPA* **3-10-98**
Signature typewritten or printed name of registered agent or officer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BOORSTEIN, AARON	1.2 NAME	Boorstein, Aaron
STREET ADDRESS	1500 UNIV. DR. STE 112	1.3 STREET ADDRESS	10021 NW 39th CT.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 on my alternate mailing address.

SIGNATURE:



5/16/98 **854-344-9626**

CR2E034 (10/97)