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PROFIT CORPORATION ANNUAL REPORT



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Secretary of State

DIVISION OF CORPORATIONS

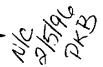
1996

DOCUMENT # Corporation Name



CHARLES WEISS, M.D.; & ASSOCIATES:

CHARLES WEISS, INC.



Principal Place of Business Mailing Address 400 ARTHUR GODFREY ROAD, SUITE #200 400 ARTHUR GODFREY ROAD. SUITE #200 MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1977 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1737277 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Ant. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zio Zφ Country ☐ Yes ☐ No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WEISS, CHARLES, M.D. 400 ARTHUR GODFREY ROAD, SUITE #200 63 MIAMI BEACH FL 33140 84 85 Zip Code Crtv 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 (NOTE: Registered Agent signature required when reinstiting) Signature, typed or printed haline of registers hager transfitte if a₁₉ is ab-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change XX Addition 1 1 TITLE **PDS** DELETE TITLE WEISS, TEENA ELLEN WEISS, CHARLES 1.2 NAME NAME 13 STHEFT ADDRESS 400 Arthur Godfrey Road 400 ARTHUR GODFREY ROAD STREET ADDRESS MIAMI FL Miami FL 1.4 CiTy - \$1 - 2iP C(TY - ST - ZIP Change Addition XX DELETE 2.17111.6 SD TITLE HALPHEN, OSVALDO 2.2 NAME NAME **400 ARTHUR GODFREY ROAD** 2.3 STREET ADDRESS STREET ADDRESS MIAMI FIL 2.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELFTE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY+ST-ZIP CITY - ST - ZIP Addit on Change DELETE 4. 1 TULE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY ST 71P CITY - S1 - ZIP **5000017781音**篇。 -04/12/96--01028--024 Addition DELETE 5 1 THE TITLE 5.2 NAME * * NAME ***200.00 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 THEE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS €4 CHY SE-ZIP DITY - ST - 7IP filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 14. I do hereby certify that the information supplied certify that the information indicated on this and path; that I am an officer or director of the confiepoints of solutions less and does not quality for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further epoints or supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under not the specifier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in factorism with an address.

SIGNATURE:

appears in Block 12 or Block 13 if changed,

CHARLES WEISS, M.D. President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-03-96...._{Disc}

(305) 538-4477

CR2E034 (12/95)