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CORPORATION ANNUAL REPORT



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

1996

Corporation	MENT # 54528 RT GOTTLIEB, M.D., CHAP	(-)		T 188/B) B/AN BYRAF BYND ABBN HEND	# a 0 a 1 1 1 1 1 1 1 1 1 1		1/8/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
incipal Place of Business 195 BILTMORE WAY CORAL GABLES FL 33134 US		Mailing Address 495 BILTMORE WAY CORAL GABLES FL 33134 US					
		03		3. Date Incorporated or Qualified 09/15/1977	3a. Date (of Last Re 108/199	
Principa' Pl	lace of Business	2a. Mailing Address		4. FEt Number			Applied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.		59-1771206			Not Applicable
		27		5. Certificate of Status Desired			Additional Required
Oity & State	d	City & State		6. Election Campaign Financing			0 May Be
	Country	28	1 60	Trust Fund Contribution		Added	to Fees
***	25	Ζφ 29	Country 30	This corporation has fiability for in Florida Statutes Yes	ntangible tax	under s	199.032,
	9. Name and Address of Curr			10. Name and Address of New Ri		gent	
			81 Name				
	EB, STUART		82 Street Add	dress (P.O. Box Number is Not Acceptable	Θ)		
	TMORE WAY GABLES FL 33134		83				
COMAL	GADLES FL 33134		[63]				
			84 City		FL	85 Zıç	Code
Telefilitzi Veli	th, and accept the obligations of, Se	oction 607.0505, Florida Statute	s.	ard of directors. Thereby accept the appo	entment as n	gistered	agent. I am
SNATURE	Signature brief or printed name of myesters age OFFICERS A	ection 607.0505, Florida Statute ect and title if applicacie (N ND DIRECTORS	OTE: Registered Agent signature require 13.		DATE		
ENATURE	Signative operation or protect name of registered age OFFICERS A	oct and title if applicable (N	S. OTE: Registered Agent signature requin	ed when renstang:	DATE CERS AND L		
NATURE .	Signature operation or protect name of registerical age OFFICERS A PST GOTTLIEB, STUART	ection 607.0505, Florida Statute ect and title if applicacie (N ND DIRECTORS	S. OTE: Brigistered Agent syriature require 13. 1.1 Title 1.2 NAME	ed when renstang:	DATE CERS AND L	DIRECTO	RS IN 12
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