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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 545282

(6)

FILED Feb 03 1998 8:00am Secretary of State

| 1. Corporation | T GOTTLIEB, M.D., CHAP | ITERED | | | | | | | |
|---|---|--|---------------|--------------------|----------------------------------|--|---|-----------------------------------|-------------|
| Principal Plans | o of Rusinoss | Mailing Address | | | | -{ | | | |
| 495 BILTMORE WAY CORAL GABLES FL 33134 495 BILTMORE WAY CORAL GABLES FL 33134 CORAL GABLES FL 33134 | | | 4 | | | DO NOT HIDITE IN THE | IC COACE | | |
| U\$ | | U\$ | | | | DO NOT WRITE IN TH | IS SPACE | | ר |
| | | | | | | 3. Date Incorporated or Qualified | | | |
| 9 Principal Pl | Principal Place of Business 2a. Mailing Address | | | | | 09/15/1977 4. FEI Number | - 1 | Applied For | ┨ |
| | 26 | | | | | 59-1771206 | | Not Applicable | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | _ | | Additional | ĺ | |
| 22 | | 27 | | | 5. Certificate of Status Desired | | Required | ĺ | |
| City & State | 9 | City & State | | | 6. Election Campaign Financing | \$5.0 | O May Be | 1 | |
| 23 | | 28 | | | Trust Fund Contribution | | d to Fees | | |
| Zip | Country | Zip Country | | | | This corporation owes or has paid the current year Intangible | | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. 🔀 Yes 📙 No | | | |
| | g, Name and Address of Curr | rent Registered Agent | | 81 N: | | 10. Name and Address of New Registers | d Agent | | ł |
| | TTUEB, STUART | | | 91 148 | ame | | | | l |
| | BILTMORE WAY | | Ī | 82 St | reet Addre | ess (P.O. Box Number is Not Acceptable) | | • | |
| CO | RAL GABLES FL 33134 | | - | 83 | | | | | ł |
| | | | | 03 | | | | | l |
| | | | Ī | 84 Ci | ty | F | 85 Z | p Code | ١ |
| office or re | to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob | ate of Florida. Such change was a | authorized | by the | med corpo corporation | pration submits this statement for the purpose on's board of directors. I hereby accept the a | of changing | g its registered as registered | |
| SIGNATURE | Signature, typed or printed name of registered | | | | nature require | d when reinstating) DATE | | | ـ ا |
| 12. | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | ORS IN 12 | 2 |
| TITLE | PST | ☐ DELE TE | DELETE 1.1 TH | | | • | Change | e 🔲 Addition | 15 |
| NAME | GOTTLIEB, STUART | | 1.2 NA) | ΜE | | | | | 1 |
| STREET ADDRESS | | | 1.3 STR | ieet aodf | RESS | | | | Ì |
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| TITLE | D | DELETE | 2.1 1111 | 2.1 TITLE | | | ☐ Chang | e 🔲 Addition | ١ |
| NAME | GOTTLIEB, STUART | | 2.2 NA | νE | | | | | |
| STREET ADDRESS | ••• | | 2.3 STR | 2.3 STREET ADDRESS | | | | | ļ |
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| TITLE | | ריין מבורכונ | 6.1 TITU | | | | | , | |
| NAME | | | 6.2 NAM | | vree | | | | |
| | | | | EET ADDR | | | | | |
| CITY-ST-ZIP | | 1 100 11 1 10 10 10 10 10 10 10 10 10 10 | 6.4 CIT | Y-S1-ZIP | | 2-1-140 07/0/0 F(-24- 0/-44- 1/-44- | | | Į |

14. Thereby 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 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 expowered 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 an attachment with an oddress.