

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 563746

(7)

95 JAN 19 AM 10:59

1. Corporation Name
SOBEL & SOFMAN, M.D., P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
4340 SHERIDAN ST. 4340 SHERIDAN ST.
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified 04/04/1978
3a. Date of Last Report 01/28/1994

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

4. FEI Number 59-1824908 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SOBEL, STUART A.
4340 SHERIDAN ST.
UNIT 101-C
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
11 Name
12 Street Address (P.O. Box Number is Not Acceptable)
13
14 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is a resident of this State, and is familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

I, the undersigned, hereby accept the appointment as registered agent. I am a named corporation submits this statement for the purpose of changing its registered office and the 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

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when registering)

DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOBEL, STUART A. 3700 N. 54 AVE HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOBEL, ELEANOR 3700 N. 54 AVE. HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOFMAN, MICHAEL 1683 SW 116 AVENUE PEMBROKE PINES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 local or foreign parent or appears in Block 12 or Block 13 of this report, or on an attachment with an address.

I do not qualify for the exemption stated in Section 110.07(3)(k), 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 local or foreign parent or appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Stuart A. Sobel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1/9/95 305 983 5333
DATE DATE