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Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # 565549 (3)

1. Corporation Name
SONKIN, ALVAREZ & SAYER, M.D.'S, P.A.

Principal Place of Business	Mailing Address
5000 W. OAKLAND PARK BLVD. FLORIDA MEDICAL CENTER HOSPITAL LAUDERDALE LAKES FL 33313	~~5000 W. OAKLAND PARK BLVD.~~ ~~FLORIDA MEDICAL CENTER HOSPITAL~~ ~~LAUDERDALE LAKES FL 33313~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1978

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-1795323	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 40 HMPD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 16100 NE 16 Ave
City & State 23	City & State 28 No. Miami Beach FL
Zip 24 / Country 25	Zip 29 33162 / Country 30 US

9. Name and Address of Current Registered Agent

SAYER, BRIAN L
5000 W OAKLAND BLVD
LAUD LAKES FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SONKIN, E DAVID		1.2 NAME		
STREET ADDRESS	5000 W OAKLAND PK BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALVAREZ, MANUEL R		2.2 NAME		
STREET ADDRESS	5000 W OAKLAND PK BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SAYER, BRIAN L		3.2 NAME		
STREET ADDRESS	5000 W OAKLAND PK BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUD, FL 00000		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 an attachment with an address.

SIGNATURE: Brian L Sayer BRIAN L SAYER 6/30/98 954-486-5832