FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 580066

MICHAEL J. EISENBERG M.D., P.A.

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Principal Place of Business Mailing Address								
18255 SW 262	18255 SW 262 ST.							
HOMESTEAD FL 33031		HOMESTEAD FL 33031				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/15/1978		
		2- 14-9: Address			_	4. FEI Number		pplied For
2. Principal Pl	lace of Business	2a. Mailing Address				59-1837534	⊢. -I—	lot Applicable
21		26				59-1037534 Not Applie		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27				<u> </u>		
City & Stat	e	City & State	⊢ ′			6. Election Campaign Financing		May Be
23		Zip Country				Trust Fund Contribution Added to Fees		
Zip				intry				
24			30	<u> </u>		Personal Property Tax. Yes Yes 10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	rea Agent	
חחרי	CO MADTIN D			81	Name			
PRESS, MARTIN R.				82 Street Address (P.O. Box Number is Not Acceptable)				
500 E BROWARD BLVD STE 1130 BROWARD FINANCIAL CENTER								
		83						
FOR	T LAUDERDALE, FL. FL 33394						as Zin	Code
				84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statut	es, the a	bove	-named corpo	oration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing it	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	uthorized	d by t	the corporatio	n's board of directors. I hereby accept the a	ppointment as re	agistered
agent. 1 a	m tamiliar with, and accept the colliga	uons of, Section 607.0303, Fio	ilua Stat	uics.	•			
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE	Registered	Agent	t signature required	i when reinstating) DAT	E	[
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	PD DELETE		5.1 TI	TLE	[]		Change	- Addition
NAME	_		1.2 N/	ΔMF	ļ			į
					ADDRESS			
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NAMĘ			3.2 N	AME				
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NAME:			4, 2 N	AME				
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NAME			5.2 N					
	· ·				ADDRESS		G 10 14 11	4:
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CITY-ST-ZIP	Control of the second of the s	□ DELETE	6.1 TI		1-71		Change	Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90014 019 ***150.00