FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** ELORIDA DEPARIMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)591552 DOCUMENT # Corporation Name MICHAELSON, E.D., M.D. & ASSOC., P.A. Mailing Address Principal Place of Business 2073 N.E. 35TH ST. 2870 N.E. 35TH ST. FT. LAUDERDALE FL 39300 FT. LAUDERDALE FL 33906~ 3a. Date of Last Repo 3. Date Incorporated or Qualified 10/30/1978 04/04/1995 Applied For 4. FEI Number 59-1852889 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032.
Florida Statutes Yes ☐ No 29 10. Name and Address of New Registered Agent me and Address of Current Registered Agent 81 Name MICHAELSON, EDWARD D. 2873 N.E. 35TH STREET FORT LAUDERDALE FL 85 Žip 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 Floreta, 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 gapet. Regionality Agent signature healthed when CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.13006 TITLE 22 NAME MICHAELSON, EDWARD D NAME 13 STREET ADDRESS STREET ADDRESS FT LAUDERDALE, FL 00006 14 OFY 55-70 CITY-ST ZIP Addit on ☐ Change 2 1 Till F TITL€ 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2.4 City St-ZiP CITY-ST-ZiP Addition DELETE Change 3 1 T-TLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change ncitibbA 🔲 DELETE 4 1 TITLE TITLE 4.2 58598 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - S - 7 F CITY-ST-ZIP Charge ☐ Addition DE: FIE 5 1 HHLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - \$1 - 7if CiTY-ST-ZiP ☐ Addition Change ☐ DELETE 6.11.11.6 TITLE 6.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP his filing is voluntarily furnished and ones not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further upon the supplemental annual report is true and about the and that my signature shall have the same legal effect as if made under on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied vertify that the information indicated on this arrupath; that I am an officer or director of the corporappears in Block 12 or Block 23 it changed, or

Dayton Phone #

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR