

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

FILED

Jan 27 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 # 600231 (5)
1. Corporation Name
INTERNAL MEDICINE ASSOCIATES OF HOLLYWOOD, P.A.



Principal Place of Business
750 S. FEDERAL HWY.
HOLLYWOOD FL 33020

Mailing Address
750 S. FEDERAL HWY.
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1965

4. FEI Number

59-1098019

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 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

KLEIN, THEODORE J
16855 N.E. 2ND AVENUE
SUITE 301
NORTH MIAMI BEACH FL 33162

81 Name

Klein Theodore J
82 Street Address (P.O. Box Number is Not Acceptable)
88 NE. 168 Street

83

84 City

N. Miami Beach

FL

85 Zip Code

33162

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VD
SILVER, STANLEY MD
STREET ADDRESS
750 S. FEDERAL HWY
CITY - ST - ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
VD
GOLDSTEIN, LEO M.D.
STREET ADDRESS
750 S. FEDERAL HWY
CITY - ST - ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
PD
HIRSCH, HENRY
STREET ADDRESS
750 S. FEDERAL HWY
CITY - ST - ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
TD
GREENBERG, EDWARD MD
STREET ADDRESS
750 S. FEDERAL HWY
CITY - ST - ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
SD
OXENHANDLER, SCOTT M.D.
STREET ADDRESS
750 S. FEDERAL HIGHWAY
CITY - ST - ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Edward Greenberg MD
1/6/98

CR2E034 (10/97)