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May 05 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 # 600314 (9)

1. Corporation Name
SALTZMAN, TANIS, PITTELL, LEVIN & JACOBSON, P.A.

Principal Place of Business	Mailing Address
JACOBSON, P.A. 4500 SHERIDAN STREET HOLLYWOOD FL 33021	JACOBSON, P.A. 4500 SHERIDAN STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1967

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 59-1198552 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBSON, JAMES CARY 3363 SHERIDAN STREET SUITE 204 HOLLYWOOD FL 33021	81 Name: James Cary Jacobson 82 Street Address (P.O. Box Number is Not Acceptable): 8251 W. Broward Blvd 83 Suite 401 84 City: Plantation FL 85 Zip Code: 33324

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	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LEVIN, M.D. P		12 NAME	
STREET ADDRESS	46 GREENS RD		13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SHULMAN, M.D. P		22 NAME	
STREET ADDRESS	5810 W 33 TER		23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, M.D. J		32 NAME	
STREET ADDRESS	4220 VAN BUREN ST		33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LIEBERMAN, M.D. G		42 NAME	
STREET ADDRESS	11600 ISLAND RD		43 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 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: _____ Manager 05/04/98