

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 AM 11:26

**DOCUMENT # 600363 (6)**

1. Corporation Name  
**RONALD B. KAUFMAN, D.O., P.A.**

Principal Place of Business Mailing Address  
**1550 NE 167th ST, STE 201  
NORTH MIAMI BEACH, FL 33162**  
**180 NE 167th ST, STE 201  
NORTH MIAMI BEACH, FL 33162**  
**NOVA SOUTHEASTERN UNIVERSITY  
1750 N.E. 167TH ST.  
NO. MIAMI BEACH, FLA. 33162**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/29/1968** 3n Date of Last Report **06/14/1994**  
4. FEI Number **59-1212148** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6.  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1750 NE 167th ST** 26 **1750 NE 167th ST**  
22 **Suite 5810** 27 **5810**  
23 **No. MIAMI BEACH, FL** 28 **No. MIAMI BEACH, FL**  
24 **33162** 25 **DADE** 29 **33162** 30 **DADE**

9. Name and Address of Current Registered Agent  
**KAUFMAN, RONALD B.  
1550 NE 167th ST, STE 201  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 City **NO. MIAMI BEACH** FL 85 Zip Code **33162**

11. Pursuant to the provisions of Sections 607 0507 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 *Ronald B. Kaufman* 6/14/95

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	SPD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, RONALD B	12 NAME	
STREET ADDRESS	2200 ST. ANDREWS ROAD	13 STREET ADDRESS	<b>APT. 2004 - 207th ST.</b>
CITY, ST, ZIP	HOLLYWOOD FL 33021	14 CITY, ST, ZIP	<b>AVENTURA, FL 33180-4704</b>
TITLE		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY, ST, ZIP		18 CITY, ST, ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY, ST, ZIP		38 CITY, ST, ZIP	
TITLE		39 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		40 NAME	
STREET ADDRESS		41 STREET ADDRESS	
CITY, ST, ZIP		42 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information included 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: *Ronald B. Kaufman* **RONALD B. KAUFMAN** 6/14/95 **335-2444-000**

CR2E034 (3/95)