

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

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90012 043 ***150.00

DOCUMENT # 600377

1. Corporation Name KATZ, STOLZENBERG & DREXLER, M.D.'S, P.A.



Principal Place of Business P.O. BOX 402826 MIAMI BEACH FL 33140 Mailing Address P.O. BOX 402826 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/11/1968 4. FEI Number 59-1218940 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 the current year intangible Personal Property Tax. 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 25 29 30

9. Name and Address of Current Registered Agent STOLZENBERG, JERRY 4701 N. MERIDIAN AVE. DEPARTMENT OF RADIOLOGY MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent 81 Name DREXLER, ALAN 82 Street Address (P.O. Box Number is Not Acceptable) 4701 N. MERIDIAN AVE. 83 DEPARTMENT OF RADIOLOGY 84 City MIAMI BEACH FL 85 Zip Code 33140

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] DATE: 2/24/99

12. OFFICERS AND DIRECTORS PD STOLZENBERG, JERRY 4701 N. MERIDIAN AVE. MIAMI BCH, FL 00000 D DREXLER, ALAN 4701 N. MERIDIAN AVE. MIAMI BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE PD DREXLER, ALAN 2.2 NAME 2.3 STREET ADDRESS 4701 N. MERIDIAN AVE. 2.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

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.

SIGNATURE: [Signature] DATE: 2/24/99 305-674-3035 Daytime Phone #

CR2E034 (11/98)