

1250 4-197/165
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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 600394 (1)
1. Corporation Name
DRS. HOFFBERGER, ANTOSEK, AND WEINSTEIN, P.A.



Principal Place of Business
8890 W. OAKLAND PARK BLVD
SUITE 304
SUNRISE FL 33351

Mailing Address
8890 W. OAKLAND PARK BLVD
SUITE 304
SUNRISE FL 33351-7222

3. Date Incorporated or Qualified
07/02/1968

3a. Date of Last Report
03/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1213264	Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

MORRIS, MORTON J. ESQUIRE
SUITE 212
2500 HOLLYWOOD BLVD
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
Morris, Morton J., Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
3200 South University Drive
83
84 City
DAVIE
FL 85 Zip Code
33329

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	HOFFBERGER, ROBERT D O	1.2 NAME	
STREET ADDRESS	8890 W. OAKLAND PK. BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	Vice President
NAME	ANTOSEK, RICHARD D.O.	2.2 NAME	
STREET ADDRESS	8890 W OAKLAND PK BLD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Secretary/Treasurer
NAME		3.2 NAME	Mitchell D. Weinstein, D.O.
STREET ADDRESS		3.3 STREET ADDRESS	8890 W. Oakland Park Boulevard
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Sunrise, FL 33351
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President 3/26/97 954 748-4771

Daytime Phone #

CR2E034 (9/96)