

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:59

DOCUMENT # 600664 (7)
1. Corporation Name
TENZEL SANDERS WEINER & ZALAZNICK, M.D., P.A.

Principal Place of Business: 2925 AVENTURA BLVD 102 AVENTURA FL 33180 US
Mailing Address: 2925 AVENTURA BLVD 102 AVENTURA FL 33180 US

PLEASE WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1968
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-1113293
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 has liability for intangible tax under § 199.032, Florida Statutes: Yes No

21. Principal Place of Business: 21 Subj. Apt. #, etc. 22. City & State. 23. Zip. 24. Country. 25. 26. Mailing Address: 26. Subj. Apt. #, etc. 27. City & State. 28. Zip. 29. Country. 30.

9. Name and Address of Current Registered Agent
GENE GLASSER
ABRAMS AND ANTON ROBBINS RESNICK
2021 TYLER ST.
HOLLYWOOD FL 33022

10. Name and Address of New Registered Agent
81 Name: DAVID Yelen
82 Street Address (P.O. Box Number if Not Acceptable): 1104 Ponce De Leon Blvd.
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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, as 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, Sections 607.0502, Florida Statutes.

SIGNATURE: *David Yelen*
Date: 1/21/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANDERS, NORMAN
STREET ADDRESS	2925 AVENTURA BLVD., SUITE 102
CITY, ST, ZIP	AVENTURA FL
TITLE	VP
NAME	WEINER, IRA G.
STREET ADDRESS	2925 AVENTURA BLVD, #102
CITY, ST, ZIP	AVENTURA FL
TITLE	T
NAME	ZALAZNICK, HARVEY
STREET ADDRESS	2925 AVENTURA BLVD #102
CITY, ST, ZIP	AVENTURA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(2)(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 an officer 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, unchanged, or on an amendment with an address.

SIGNATURE: *Norman Sanders*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICE IN BLOCK 9(9)

1/25/95 (305) 931-2673
Date Telephone