FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **601206** **(6)**

1. Corporation Name
SIMON, PIPES, ROSS, P.A.

Principal Place of Business	Mailing Address
651 EAST 25TH STREET **HIALEAH FL 33013**	**651 EAST 25TH STREET** **HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
07/09/1969	**01/25/1994**

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

4. FEI Number **59-1267398** ☐ 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 has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUFFNER, CHARLES L. **3001 S.W. 3RD AVE.,STE.100** **MIAMI FL 33129**	81 Name: ATRIUM REGISTERED AGENT INC. 82 Street Address (P.O. Box Number is Not Acceptable): 1500 SAN REMO AVENUE 83: SUITE 125 84 City: CORAL GABLES FL 85 Zip Code: 33146

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: Robert A. Simon, VICE PRESIDENT — 4/4/95
Signature, type or printed name of registered agent and the office capacity (NOTE: Registered Agent signature required where applicable) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FASBINDER, MARK	12 NAME	
STREET ADDRESS	651 E 25TH ST	13 STREET ADDRESS	
CITY ST ZIP	HIALEAH, FL 00000	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	ROSS, M WILLIAM	22 NAME	STD ZACHARY SCHLAFF, M.D.
STREET ADDRESS	651 E 25TH ST	23 STREET ADDRESS	651 EAST 25th ST.
CITY ST ZIP	HIALEAH, FL 00000	24 CITY ST ZIP	HIALEAH, FL 33013
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	SCHLAFF, ZACHARY	32 NAME	VD DANAE MENDEZ, M.D.
STREET ADDRESS	651 E 25TH ST	33 STREET ADDRESS	651 EAST 25thST.
CITY ST ZIP	HIALEAH, FL 00000	34 CITY ST ZIP	HIALEAH, FLORIDA 33013
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: Zachary Schlaff — 2-17-95 — 305-885-4920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

CR3E166 CP

601206

LAW OFFICES

PACKMAN, NEUWAHL & ROSENBERG

1500 SAN REMO AVENUE

SUITE 125

CORAL GABLES, FLORIDA 33146

BRUCE BARTON PACKMAN (RETIRED)
MALCOLM H. NEUWAHL
MICHAEL ROSENBERG
DENNIS GINSBURG
ROBERT A. STAMEN
LESLIE A. SHARE
BARTON S. UDELL
JACK D. FINKELMAN
JAN M.S. BLACK
MARK D. RICH

TELEPHONE (305) 665-3311
TELECOPIER (305) 665-1244

April 4, 1995

Florida Department of State
Division of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: Simon, Pipes, Ross, P.A.
Our Client File No. 4184A(a)

Gentlemen:

Enclosed herewith is the 1995 Annual Report for the above-referenced Corporation. Also enclosed is a check in the amount of Two Hundred Dollars ($200.00) for the filing fee.

Please acknowledge your receipt of the Report and check by signing the enclosed acknowledgment copy of this letter and returning it to me in the envelope provided.

Thank you for your attention to this matter.

Very truly yours,

PACKMAN, NEUWAHL & ROSENBERG

Wendy S. Roston

WENDY S. ROSTON,
Legal Assistant

/wsr
Enclosures
54/6*4184