FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **601802** **(2)**

1. Corporation Name

DRS. NICHOL, PHILLIPS, ELIAS ,SAYFIE AND WORTHINGTON, P.A.

Principal Place of Business	Mailing Address
550 BRICKELL AVENUE SUITE #610 MIAMI FL 33131	550 BRICKELL AVENUE SUITE #610 MIAMI FL 33131

3. Date Incorporated or Qualified: 12/29/1969	3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-1289680	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 4701 No. Meridian Ave.	26 4701 No. Meridian Ave.
Suite, Apt. #, etc. 22 Suite #7460	Suite, Apt. #, etc. 27 Suite #7460
City & State 23 Miami Beach, Fla.	City & State 28 Miami Beach, Fla. 33140
Zip 24 33140 Country 25 DADE	Zip 29 33140 Country 30 DADE

9. Name and Address of Current Registered Agent

ELIAS, RICHARD A.
550 BRICKELL AVENUE
SUITE 610
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ELIAS, Richard A., M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83 4701 No. Meridian Ave., Suite #7460
84 City: Miami Beach, Fla. 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: Richard A. Elias, M.D., President DATE: 4/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ELIAS,RICHARD A		1.2 NAME	Elias, Richard A., M.D.	
STREET ADDRESS	550 BRICKELL AVE.		1.3 STREET ADDRESS	4701 No. Meridian Ave., Suite #7460	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Beach, Fla. 33140	
TITLE	VD	☒ DELETE	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	SAYFIE, EUGENE J		2.2 NAME	Sayfie, Eugene J., M.D.	
STREET ADDRESS	550 BRICKELL AVE		2.3 STREET ADDRESS	4701 No. Meridian Ave., Suite #7460	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Beach, Fla. 33140	
TITLE	STD	☒ DELETE	3.1 TITLE	Sec-Treasurer	☒ Change ☐ Addition
NAME	CASSIS, DANIEL L.		3.2 NAME	Cassis, Daniel L., M.D.	
STREET ADDRESS	550 BRICKELL AVE		3.3 STREET ADDRESS	4701 No. Meridian Ave., Suite #7460	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami Beach, Fla. 33140	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(k), 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: Richard A. Elias, M.D. 4/9/96 (305)674-5990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #