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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 WORTHIN
GTON, P.A.

Principal Place of Business
4701 N. MERIDIAN AVE.
7460
MIAMI BEACH FL 33140
US

Mailing Address
4701 N. MERIDIAN AVE.
7460
MIAMI BEACH FL 33140-2910
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1969	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1289680		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ELIAS, RICHARD A. M
4701 N. MERIDIAN AVE., SUITE 7460
MIAMI FL 33140

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL 85. Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	ELIAS, RICHARD A. M	1.2 NAME	
STREET ADDRESS	4701 N. MERIDIAN AVE., SUITE 7460	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	
NAME	SAYFIE, EUGENE J. M	2.2 NAME	
STREET ADDRESS	4701 N. MERIDIAN AVE., SUITE 7460	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	
NAME	CASSIS, DANIEL L. M	3.2 NAME	
STREET ADDRESS	4701 N. MERIDIAN AVE., SUITE 7460	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL	3.4 CITY- ST- ZIP	
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 the 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

EUGENE J. SAYFIE, MD. (305) 674-5990

Date

Daytime Phone #

0123525

CR2E034 (9/96)