

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # 601946 (7)

1. Corporation Name

DR. DONALD L. GLUCKSMAN, M.D., P.A.

Principal Place of Business

250 W. 63RD ST., 8TH FL., SUITE E
MIAMI BEACH FL 33141

Mailing Address

250 W. 63RD ST., 8TH FL., SUITE E
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified

02/13/1970

3a. Date of Last Report

01/23/1996

4. FEI Number

59-1286543

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

21 4701 Meridian Ave
Suite, Apt. #, etc.

22 Suite 500

City & State

23 Miami Beach, FL

Zip

24 33140

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

GLUCKSMAN, DONALD L
250 W. 63RD ST., 8TH FL., SUITE E
MIAMI BEACH FL 33141

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GLUCKSMAN, DONALD L

STREET ADDRESS 250 WEST 63RD ST. #8E

CITY - ST - ZIP MIAMI BEACH FL

TITLE S ☐ DELETE

NAME SAFAVI, BADRI

STREET ADDRESS 250 WEST 63RD ST. #8E

CITY - ST - ZIP MIAMI BEACH FL

TITLE T ☐ DELETE

NAME GLUCKSMAN, DONALD L.

STREET ADDRESS 250 WEST 63RD ST. #8E

CITY - ST - ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

4701 Meridian Ave #500

Miami Beach, FL 33140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

4701 Meridian Ave #500

Miami Beach, FL 33140

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Donald L. Glucksman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97
Date

305/635-7855
Daytime Phone #

0519289

CR2E034 (9/96)