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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

601946

(7)

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

FILED	
Jan 21 1998 8:00ai	m
Secretary of State	9

Principal Plac	ce of Business	Mailing Address		T 1001110 01111 00101 11010 10111 01010 01111 01011 01011 01011 01011 01011 01011 01011 01011 01011
4701 MERIDIAN AVE. 250 W. 63RD ST., BTH FL., SUITE E SUITE 500 MIAMI BEACH FL 33141 MIAMI GARDENS FL 33140			. Suite e	DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualified 02/13/1970
└	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-1286543 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required
City & Star	le	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 3	0	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered Agent
	.UCKSMAN,DONALD L		81 Name	
	O W. 63RD ST., 8TH FL., SUITE I	E		ddress (P.O. Box Number is Not Acceptable)
i Mi	AMI BEACH FL 33141		83	101 Meridian Ave. Suite 500
			84 City	grami Geach FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	2 and 607 1508, Florida Statutes	the above-named o	ornoration submits this statement for the nurpose of changing its registered.
agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by the corpo da Statules.	oration's board of directors. I hereby accept the appointment as registored
SIGNATURE				
	Signature, typed or printed name of registered age		Registered Agent signature re	
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	GLUCKSMAN,DONALD L		1.2 NAME	
STREET ADDRESS	4701 MERIDIAN AVE., SUITE	500	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS FL		1.4 CITY-ST-ZIP	
TITLE	S	DELETE	2.1 TITLE	Change Addition
NAME	SAFAVI, BADRI		2.2 NAME	
STREET ADDRESS	4701 MERIDIAN AVE., SUITE	500	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI GARDENS FL		2. 4 CITY - ST - ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	
NAME	GLUCKSMAN,DONALD L		3.2 NAME	
STREET ADDRESS	250 WEST 633RD. ST. #8E		3.3 STREET ADDRESS	Mon Meridian Arc. Suiteton Miumi Beach, FL 3314V
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-ST-ZIP	Miami Beach, FL 3314V
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Therewa	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		Deitze	5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

14. I hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.