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

29

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .602037

(4)

SANFORD H. COLE, M.D., P.A.

Principal Place of Business Mailing Address LENNAR MEDICAL CENTER, SUITE 204 LENNAR MEDICAL CENTER, SUITE 204 8700 NORTH KENDALL DRIVE 8700 NORTH KENDALL DRIVE DO NOT WRITE IN THIS SPACE MIAMI FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified <u>04/16/1970</u> 2. Principal Place of Business 2a. Mailing Address 59-1292394 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution

9. Name and Address of Current Registered Agent SANFORD H. COLE. M.D.

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8700 N. KENDALL DR MIAMI FL

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	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City	65	Zip Code			

Personal Property Tax due June 30.

8. This corporation owes or has paid the current year Intangible

FILED

Mar 02 1998 8:00am

Secretary of State

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

Country

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öffice or re agent. I a	egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 607.0505, Flo	authorized by the corporida Statutes.	poration's board of directors. I hereby accept the appointment as registered			
SIGNATURE						
12.	Signature, typed or profiled name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS	E: Registered Agent signature 13.	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD DELETE	1.1 TITLE	Change Addition			
		1.7 MAME	Consider Constitution			
KAME	COLE,SANFORD H		· ·			
STREET ADDRESS	8700 N. KENDALL DR.	1,3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL	1.4 CITY - ST - ZIP				
TITLE	☐ DELETE	2.1 TITLE	Change Addition			
NAME]		2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY - ST - ZIP		2 4 CITY-ST-ZIP				
TITLE	DELETE	3 1 TITLE	Change Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-\$1-ZIP				
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-S1-ZIP	. <u></u>	5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	Change Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
1			I			

14. I 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 trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if an appear in the receiver of the corporation of the receiver or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if an appear is the receiver of the corporation of the corporation of the corporation of the corporation of the receiver or trusted employers.

SIGNATURE:

SANFORD H. COLE

305 662-2007

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

X Yes

Not Applicable