FILE NOW: FILING FEE AFTER MAY 1 IS $

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

APPROVED
AND
FILED

98 APR 21 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602106

1. Corporation Name
DRS JULIEN + SCHATZ, P.A.

Principal Place of Business
2627 NE 203 ST # 115
N. MIAMI BEACH, FL, 33180

Mailing Address

3. Date Incorporated or Qualified: 5/70
3a. Date of Last Report: 1997

2. Principal Place of Business
21: 2627 NE 203 ST #115
N. MIAMI BCH FL 33180
22 Suite, Apt. #, etc.: #115
23 City & State: N. MIAMI BCH FL
24 Zip: 33180
25 Country: USA DADE

2a. Mailing Address
26: 2627 NE 203 ST # 115
N. MIAMI BCH FL 33180
27 Suite, Apt. #, etc.: # 115
28 City & State: N. MIAMI BCH FL
29 Zip: 33180
30 Country: USA

4. FEI Number: 59-1292291 ☐ 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

9. Name and Address of Current Registered Agent
CHARLES RUFFNER ESQ

10. Name and Address of New Registered Agent
81 Name: NORMAN LEOPOLD, ESQ
82 Street Address (P.O. Box Number is Not Acceptable): 20801 BISCAYNE BOULEVARD
83
84 City: AVENTURA FL 85 Zip Code: 33180

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: Norman Leopold — DATE: 4/20/98
Signature, typed or printed name of registered agent and title, if applicable (If the Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/DIRECTOR ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	ARTHUR J SCHATZ MD	1 2 NAME	
STREET ADDRESS	1990 NE 191 DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1 4 CITY-ST-ZIP	
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	BRUCE JULIEN MD	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	400002498884--8
STREET ADDRESS		3 3 STREET ADDRESS	-04/24/98--01008--019
CITY-ST-ZIP		3 4 CITY-ST-ZIP	****150.00 ****150.00
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	4/21/98
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: [signature] 4/16/98 3059318844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ARTHUR J SCHATZ MD