FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1) 602492 BRET L. LUSSKIN M.D., P.A. Principal Place of Business Mailing Address 1920 E HALLANDALE BOH BLVD 1920 E HALLANDALE BCH BLVD HOLLYWOOD FL 33009 HOLLYWOOD FL 33009 10/28/1970 2. Principal Place of Business 26. Mailing Address 4. FEI Number 21 26 59-1302690 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 City & State City & State 23 28 Country Zip Country Zio 24 25 29 30 9. Name and Address of Current Registered Agent 81 LUSSKIN.BRET 1920 E. HALLANDALE BEACH BLVD. 82 HOLLYWOOD FL 33009 83 84 City SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE

FILED Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Applied For Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible □ No Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change LUSSKIN, BRET 665 GOLDEN BEACH DRIVE STREET ADDRESS 1.3 STREET ADDRESS **GOLDEN BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET AUDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-7IP DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

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 eath; that I am an officer or director of the corporation or the receiver or true expowered 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.