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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **602566** (2)

STUART GOTTLIEB, M.D., PROFESSIONAL ASSOCIATION

Principal Place of Business
**C/O MARTIN STARR
9703 SOUTH DIXIE HIGHWAY
MIAMI FL 33156**

Meeting Address
**C/O MARTIN STARR
9703 SOUTH DIXIE HIGHWAY
MIAMI FL 33156**

(DO NOT WRITE IN THIS SPACE)

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/03/1970 | 3a. Date of Last Report 04/06/1994 |
| 4. FEI Number 59-1309761 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| State Apt # etc 22 | State Apt # etc 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Country 29 | Country 30 |

| | | | |
|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent GOTTLIEB,STUART 333 41 ST. #310 MIAMI BEACH FL 33139 | | 10. Name and Address of New Registered Agent | |
| B1 Name | | B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | | B4 City | |
| | | FL | B5 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge (Required) _____ Date _____
Signature of Registered Agent or Registered Agent (Required) _____ Date _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|---|--|---|---|
| 12.1 NAME PD GOTTLIEB, STUART | 12.2 STREET ADDRESS 333 41ST ST #310 | 13.1 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.3 CITY, ST, ZIP MIAMI BEACH FL | | 13.2 STREET ADDRESS | |
| 12.4 CITY, ST, ZIP | | 13.3 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.5 NAME | | 13.4 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.6 STREET ADDRESS | | 13.5 STREET ADDRESS | |
| 12.7 CITY, ST, ZIP | | 13.6 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.8 NAME | | 13.7 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.9 STREET ADDRESS | | 13.8 STREET ADDRESS | |
| 12.10 CITY, ST, ZIP | | 13.9 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.11 NAME | | 13.10 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.12 STREET ADDRESS | | 13.11 STREET ADDRESS | |
| 12.13 CITY, ST, ZIP | | 13.12 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.14 NAME | | 13.13 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12.15 STREET ADDRESS | | 13.14 STREET ADDRESS | |
| 12.16 CITY, ST, ZIP | | 13.15 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 130.017, (b)(4), Florida Statutes. I further certify that the information indicated on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 1407, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Stuart Gottlieb M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date