

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 602566 (2)

1. Corporation Name

STUART GOTTLIEB, M.D., PROFESSIONAL ASSOCIATION



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1970

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1309761

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

10. Name and Address of New Registered Agent

GOTTLIEB,STUART

333 41 ST. #310

MIAMI BEACH FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD  
GOTTLIEB, STUART  
333 41ST ST #310  
MIAMI BEACH FL

DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

MIAMI BEACH FL

1.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY, ST, ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY, ST, ZIP

1.13 TITLE

1.14 NAME

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1.16 CITY, ST, ZIP

1.17 TITLE

1.18 NAME

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1.21 TITLE

1.22 NAME

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1.24 CITY, ST, ZIP

1.25 TITLE

1.26 NAME

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1.28 CITY, ST, ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY, ST, ZIP

1.33 TITLE

1.34 NAME

1.35 STREET ADDRESS

1.36 CITY, ST, ZIP

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)