FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 602687

1. David G. Pinosky, M.D., P.A.

10000148207 1
-05/10/95 -01014 -009
****200.00 ****200.00

Principal Office Address: 7100 West 20th Avenue, Ste #106, Hialeah, FL 33016
Mailing Address: 7100 West 20th Avenue, Suite 106, Hialeah, FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	2/10/71
3a. Date of Last Report	5/20/94
4. FEI Number	59-1369157
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 is not engaged in ... Florida Statutes	XX Yes ☐ No

2. Principal Office Address	2a. Mailing Address
21 2999 N.E. 191 Street	26 2999 N.E. 191 Street
22 Suite 809	27 Suite 809
23 Aventura, FL	28 Aventura, FL
24 33180 / 25 USA	29 33180 / 30 USA

9. Name and Address of Current Registered Agent

Pinosky, David G.
7100 W. 20th Avenue, Suite 106
Hialeah, FL 33016

10. Name and Address of New Registered Agent

81 Name: Pinosky, David G.
82 Street Address (P.O. Box Number is Not Acceptable): 2999 N.E. 191 Street
83 Suite 809
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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Pinosky, Sam
STREET ADDRESS	7100 W. 20th Avenue, Suite 106
CITY-ST-ZIP	Aventura, FL 33016

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	President	[X] Change ☐ Addition
1 NAME	Pinosky, David G.	
1 STREET ADDRESS	2999 N.E. 191 Street, #809	
1 CITY-ST-ZIP	Aventura, FL 33180	
2 TITLE	Vice-President	[X] Change ☐ Addition
2 NAME	Pinosky, Sam	
2 STREET ADDRESS	2999 N.E. 191 Street, #809	
2 CITY-ST-ZIP	Aventura, FL 33180	

14. I 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)(a), 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: David G. Pinosky MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DAVID G. PINOSKY MD

4/24/95 Date
(305) 682-8777 Daytime Phone #