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 # **602726** **(2)**

1. Corporation Name

COOPER, MOODY, ALTSCHULER, CHIZNER, DENNIS AND N IEDERMAN, P.A.

Principal Place of Business	Mailing Address
3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-3223	3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-3223

3. Date Incorporated or Qualified: **03/16/1971**
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1348026** ☐ 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**

COOPER, H.R.
3536 N. FEDERAL HWY.
FORT LAUDERDALE FL 33308

10. **Name and Address of New Registered Agent**

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 607.1508, 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	☐ DELETE
NAME	CHIZNER, MICHAEL, MD	
STREET ADDRESS	3536 N FEDERAL HWY.	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	PD	☐ DELETE
NAME	COOPER, H R, MD	
STREET ADDRESS	3536 N FEDERAL HWY.	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	V	☐ DELETE
NAME	MOODY, CARROLL L, MD	
STREET ADDRESS	3536 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	S	☐ DELETE
NAME	ALTSCHULER, HAROLD, MD	
STREET ADDRESS	3536 N FEDERAL HWY	
CITY-ST-ZIP	FT LAUDERDALE, FL 0	
TITLE	AS	☐ DELETE
NAME	DENNIS, JEFFREY S.(ASS'T	
STREET ADDRESS	3536 N FEDERAL HWY.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AT	☐ DELETE
NAME	NIEDERMAN, ALAN L	
STREET ADDRESS	3536 N FEDERAL HWY.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Harry R. Cooper, M.D. 1/22/96 (954)566-8367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (12/95)