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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 602787

(4)

B. AMIKAM, M.D., A. ZIGHELBOIM M.D., R.E. NIEMAN, JR., M.D., AND R.M. GOODMAN, M.D., P.A.

FILED Mar 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 16401 NW 2ND AVE 16401 NW 2ND AVE N MIAMI BCH FL 33169 N MIAMI BCH FL 33169 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/23/1971 2. Principal Place of Business 2a. Mailing Address Applied For 21110 Biscayne Blvd. 21 59-1322663 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 303 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Aventura. 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible 33180 25 29 30 Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent ¥ Yes Пмо 9. Name and Address of Current Registered Agent 81 COLODNEY, MICHAEL Name 626 NE 124TH ST. R2 Street Address (P.O. Box Number is Not Acceptable) N. MIAMI FL 33161 83 84 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 Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE **Change** ZIGHELBOIM, ABRAHAM NAME 1.2 NAME 16401 NW 2ND AVE 21110 Biscayne Blvd. STREET ADDRESS 1.3 STREET ADDRESS #303 N MIAMI BCH, FL 00000 CITY-ST-ZIP Aventura, FL 1.4 CITY-ST-7IP DELETE TITLE 2.1 TITLE XX Change **NEIMAN, ROLAND** NAME 2.2 NAME 16401 NW 2ND AVE STREET ADDRESS 2.3 STREET ADDRESS 21110 Biscayne Blvd. #303 N MIAMI BCH, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Aventura, FL 33180 TITLE DELETE 3.1 TITLE NALE GOODMAN, RICHARD 3.2 NAME 16401 NW 2ND AVE STE 202 21110 Biscayne Blvd. STREET ADORESS #303 3.3 STREET ADDRESS N MIAMI BEACH FL Aventura, FL 33180 CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition MALLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition MALAF 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-7IP 14. Thereby 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 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 charged, or in an attachment with an address.

SIGNATURE

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CRZE034 (10/9)