

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

27 JUN 22 1994

**DOCUMENT # 603574 (5)**

1. Corporation Name

**GREATER MIAMI MEDICAL CENTER, DR. B.P. SHAPIRO, P.A.**

Principal Place of Business

Mailing Address

1550 NE MIAMI GARDENS DR., STE. 201  
N. MIAMI BCH. FL 33179-4836

1550 NE MIAMI GARDENS DR., STE. 201  
N. MIAMI BCH. FL 33179-4836

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/14/1972** 3a. Date of Last Report **07/29/1994**

4. FEI Number **59-1543377** 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAPIRO, BERTRAM P  
1550 NE MIAMI GARDENS DR., SUITE #201  
NORTH MIAMI BEACH FL 33179**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES, DELETIONS, AND CANCELLATIONS

TITLE	PD
NAME	SHAPIRO, BERTRAM P
STREET ADDRESS	1550 N.E. MIAMI GARDENS DR.
CITY - ST - ZIP	N. MIAMI BCH. FL 33179
TITLE	VD
NAME	SHAPIRO, MARC D
STREET ADDRESS	1550 N.E. MIAMI GARDENS DR.
CITY - ST - ZIP	N. MIAMI BCH. FL 33179
TITLE	
NAME	
STREET ADDRESS	
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1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2 3 STREET ADDRESS	
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4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *X. Bertram P. Shapiro* **BERTRAM P. SHAPIRO**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

**6.20.94** **X. Shapiro**  
DATE (Type in 11/22)

CR2E034 (3/95)