

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 21 AM 8:11

**DOCUMENT # 603669 (3)**

1. Corporation Name

**CORAL REEF MEDICAL ASSOCIATES, P.A.**

Principal Place of Business

Mailing Address

8033 SW 152ND ST.  
MIAMI FL 33157  
US

8033 SW 152ND ST.  
MIAMI FL 33157  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

07/28/1972

07/08/1994

4. FEI Number

59-1403780

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9380 SW 150 STREET

26 9380 SW 150 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 290

27 290

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33176

25 U.S.A.

29 33176

30 U.S.A.

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

10. Name and Address of New Registered Agent

CONNOLLY, HUGH, M.D.  
9333 SW 152ND ST.  
MIAMI FL 33157

81 Name

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

9380 SW 150 ST. #290

83

84 City

MIAMI

FL

85 Zip Code  
33176

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 (Print or Printed Name of registered agent and the filer/applicant)

NOTE: Registered Agent signature required when re-registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS, DIRECTORS, AND SHAREHOLDERS

TITLE	P
NAME	CONNOLLY, HUGH
STREET ADDRESS	9333 SW 152ND ST.
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	GOLDBERG, DAVID B.
STREET ADDRESS	9333 SW 152ND ST.
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	STERN, HOWARD I.
STREET ADDRESS	9333 SW 152ND ST.
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	9380 SW 150 ST. #290
14 CITY, ST, ZIP	MIAMI, FL 33176
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	9380 SW 150 ST. #290
24 CITY, ST, ZIP	MIAMI, FL 33176
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	9380 SW 150 ST. #290
34 CITY, ST, ZIP	MIAMI, FL 33176
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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, changed or on an attachment with an address.

SIGNATURE: HOWARD I. STERN, M.D. 6/9/95 (305) 251-3434