


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **603670** (1)
1. Corporation Name
ERNEST G. SAYFIE M.D., P.A.

Principal Place of Business 1117 E. HALLANDALE BEACH BLVD HALLANDALE FL 33009 US	Mailing Address 1117 E. HALLANDALE BEACH BLVD HALLANDALE FL 33009 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1972	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1426688	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SAYFIE, ERNEST G 1117 E HALLANDALE BEACH BLVD HALLANDALE FL 33009				10. Name and Address of New Registered Agent	
				81 Name Judith Ann Sayfie	
				82 Street Address (P.O. Box Number is Not Acceptable) 1117 E. Hallandale Beach Blvd.	
				83	
				84 City Hallandale	85 Zip Code FL 33009

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 *Judith Sayfie* X **Judith Sayfie** 4/17/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE PD	NAME SAYFIE, ERNEST G	STREET ADDRESS 1117 E. HALLANDALE BEACH BLVD		1.1 TITLE	1.2 NAME		
CITY-ST-ZIP HALLANDALE FL				1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS		2.1 TITLE	2.2 NAME		
CITY-ST-ZIP				2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS		3.1 TITLE	3.2 NAME		
CITY-ST-ZIP				3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS		4.1 TITLE	4.2 NAME		
CITY-ST-ZIP				4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS		5.1 TITLE	5.2 NAME		
CITY-ST-ZIP				5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS		6.1 TITLE	6.2 NAME		
CITY-ST-ZIP				6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I hereby 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 changed, or on an attachment with an address.

SIGNATURE: *Judith Sayfie* X **Judith Sayfie** 4/17/98 (954) 454-6300

CR2E034 (10/97)