

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

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 604143 (8)**

**DR. M. I. GARFINKEL, P.A.**



Principal Place of Business  
**6000 KIMBERLY BLVD  
 NORTH LAUDERDALE FL 33068  
 US**

Mailing Address  
**6000 KIMBERLY BLVD  
 NORTH LAUDERDALE FL 33068-2812  
 US**

<b>3.</b> Date Incorporated or Qualified <b>02/08/1973</b>	<b>3a.</b> Date of Last Report <b>04/26/1996</b>
<b>4.</b> FEI Number <b>59-1450622</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>21.</b> State, Apt. #, etc.	<b>26.</b> State, Apt. #, etc.
<b>22.</b> City & State	<b>27.</b> City & State
<b>23.</b> Zip	<b>28.</b> Zip
<b>24.</b> Country	<b>30.</b> Country

**9. Name and Address of Current Registered Agent**  
**GARFINKEL, DR. MONROE  
 6000 KIMBERLY BLVD.  
 N. FT. LAUDERDALE FL 33068**

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

<b>81.</b> Name
<b>82.</b> Street Address (P. O. Box Number is Not Acceptable)
<b>83.</b>
<b>84.</b> City
<b>85.</b> 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**

<input type="checkbox"/> DELETE	<b>PD</b> <b>GARFINKEL, MONROE I., D.C.</b> <b>6000 KIMBERLY BLVD.</b> <b>NORTH LAUDERDALE FL</b>
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**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 included 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:** *Monroe I. Garfinkel* **MONROE I. GARFINKEL** **3/10/97 (954) 975-0200**  
 SIGNATURE (NOT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CR2E034 (9/96)