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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **604143** **(8)**

1. Corporation Name
DR. M. I. GARFINKEL, P.A.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1973

2. Principal Place of Business 21 1240 No. University Dr Suite, Apt. #, etc. 22 City & State 23 Coral Springs, FL Zip 24 33071 Country 25 USA	2a. Mailing Address 26 1240 No. University Dr Suite, Apt #, etc. 27 City & State 28 Coral Springs, FL Zip 29 33071 Country 30 USA

4. FEI Number: 59-1450622 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARFINKEL, DR. MONROE 6000 KIMBERLY BLVD. N. FT. LAUDERDALE FL 33068	81 Name: GARFINKEL, Dr Monroe 82 Street Address (P.O. Box Number is Not Acceptable): 1240 No. University Dr 83 84 City: Coral Springs FL 85 Zip Code: 33071

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: Monroe Garfinkel MONROE GARFINKEL 4/6/98
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GARFINKEL,MONROE I.,D.C.	1.2 NAME	
STREET ADDRESS	6000 KIMBERLY BLVD.	1.3 STREET ADDRESS	1240 N. UNIVERSITY Dr
CITY-ST-ZIP	NORTH LAUDERDALE FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Monroe Garfinkel 4/6/98 (954)344-0644