

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 620214 (7)**

1. Corporation Name

**DOCTORS' RANCHES AT KENDALL INC.**



Principal Place of Business

Mailing Address

12515 N KENDALL DR #304  
 MIAMI FL 33186

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 MIAMI FL 33186

3. Date Incorporated or Qualified **04/19/1979** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21. **7700 N. KENDALL DR.** 26. **7700 N. KENDALL DR.**

22. **SUITE 805** 27. **SUITE 805**

23. **MIAMI, FL** 28. **MIAMI, FL**

24. **33156** 25. **USA** 29. **33156** 30. **USA**

4. FEI Number **59-1930033** 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. 193.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**SHEER, EMERY B.**  
**12515 N KENDALL DR., SUITE 304**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **'SAME'**  
 82 Street Address (P.O. Box Number is Not Acceptable) **7700 N. KENDALL DR.**  
 83 **SUITE 805**  
 84 City **MIAMI** FL 85 Zip Code **33156**

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

Supervisor for principal place of business and mailing address

(The Registered Agent's signature required when filing this form)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DS	HODOR, JUDITH	7814 SW 88 TERR	MIAMI FL	<input type="checkbox"/>
P	GOLDBERG, HARRIS	7814 SW 88 TERRACE	MIAMI FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: HARRIS GOLDBERG** *Harris Goldberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)