

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 621036 (3)

1. Corporation Name

SOUTH FLORIDA VASCULAR LABORATORY, INC.



Principal Place of Business

Mailing Address

2500 EAST HALLANDALE BEACH BOULEVARD  
HALLANDALE FL 33009

2500 EAST HALLANDALE BEACH BOULEVARD  
HALLANDALE FL 33009

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

05/07/1979

3a. Date of Last Report

03/17/1995

4. FEI Number

59-1908088

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. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KWITNEY KROOP & SCHEINBERG, P.A.  
420 LINCOLN ROAD  
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL

85 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

Signature of person providing notice of change of agent and office address

Signature of Registered Agent (Signature required when transferring)

Date

12. OFFICERS AND DIRECTORS

NAME	DELETE
PD ALTSCHULER, MARK A 2500 E HALLANDALE BCH HALLANDALE FL	<input type="checkbox"/>
STD BERNARDO, JOHR M. 2500 E HALLANDALE BCH HALLANDALE FL	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
2. TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
3. TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
4. TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
5. TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
6. TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Book 12 or Book 15 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A ALTSCHULER

1/22/96 305-652-9400

Date

Day, mo, Phone #

CR2E034 (12/95)