

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **621353**

(2)

1. Corporation Name

ISAAC CHERVONY, M.D. P.A.



2. Principal Place of Business

1680 MICHIGAN AVENUE
SUITE 919
MIAMI BEACH FL 33139

3. Mailing Address

1680 MICHIGAN AVENUE
SUITE 919
MIAMI BEACH FL 33139

2. Principal Place of Business

21 State App. No.

22 City & State

23 City Country

24 25

2a. Mailing Address

26 State App. No.

27 City & State

28 City Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CHERVONY, ISAAC, M.D.
1710 CLEVELAND AVENUE
MIAMI BEACH FL 33141**

3. Date Incorporated or Organized

05/10/1979

3a. Date of Last Report

03/24/1995

4. FEI Number

59-1914570

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 609.02 and 609.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent set forth in the State of Florida. Said 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 609.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

121	NAME	<input type="checkbox"/> DELETED
122	ADDRESS	
123	CITY & STATE	
124	CITY	<input type="checkbox"/> DELETED
125	NAME	
126	ADDRESS	
127	CITY & STATE	
128	CITY	<input type="checkbox"/> DELETED
129	NAME	
130	ADDRESS	
131	CITY & STATE	
132	CITY	<input type="checkbox"/> DELETED
133	NAME	
134	ADDRESS	
135	CITY & STATE	
136	CITY	<input type="checkbox"/> DELETED
137	NAME	
138	ADDRESS	
139	CITY & STATE	
140	CITY	<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

131	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
132	ADDRESS	
133	CITY & STATE	
134	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
135	NAME	
136	ADDRESS	
137	CITY & STATE	
138	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
139	NAME	
140	ADDRESS	
141	CITY & STATE	
142	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
143	NAME	
144	ADDRESS	
145	CITY & STATE	
146	CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied herein is true and voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information made available to the public is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or trustee or powerholder to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I have not been convicted within an insolvency.

SIGNATURE: *Isaac Chervony* ISAAC CHERVONY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96 (305) 532-7321

CR2E034 (12/95)