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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1680 MICHIGAN AVENUE

MIAMI BEACH FL 33139

SIGNATURE:

SUITE 919



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 621353

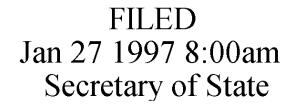
(2)

ISAAC CHERVONY, M.D. P.A.

Mailing Address

1680 MICHIGAN AVENUE SUITE 919

MIAMI BEACH FL 33139-2514



3a. Date of Last Report

01/23/1996



3. Date Incorporated or Qualified

05/10/1979

. Principal Pi	iace of Business	2a. Mailing Address	1 - 1	4. FEI Number	Applied For							
1716	Cleveland Road	26 1710 C/evila	nd Road	59-1914570	Not Applicable							
Suite, Apt		Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required							
City & State		City & State 28 Mian; Back	L FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees							
Zip	Country	Zφ	Country	8. This corporation has liability for intangible	e-tax under s. 199.032.							
3314	11 25 USA	29 33141 3	OSA	Florida Statutes	No							
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent							
1710 CLEVELAND AVENUE MIAMI BEACH FL 33141				81 Name Cheviany Tsgac, M.D. 82 Street Address (P.O. Box Number is Not Acceptable) 83 1710 Chevil 18								
										1/1	O Cleveland Road	
										64 City	Miani Beach Fl	85 Zio Code
							11. Pursuant	to the drovisions of Sections 607 0502	and 607,1508. Florida Statutes	the above-named	corporation submits this statement for the ouroose	of changing its registered
office or r	registrated agent, or both, in the State of	of Florida. Such change was aut	thorized by the corp	oration's board of directors. I hereby accept the ap	pointment as registered							
•	m familiar with, and accept the obligat	iions oi, Section 607.0505, Florid	da Siaiuies.		a 1							
3IGNATURE	Synature, typed or printed name of registered agen	my >	Registered Agent signature	1-12-4	1							
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12							
TTLE	PD	DELETE	1.1 THILE	PD	Change Addition							
IAME	CHERVONY, ISAAC, M.D.		1.2 NAME	Chenny, Isaac, M.D.	~ -							
	1710 CLEVELAND AVENUE			The Charles LO. A								
TREET ADORESS	MIAMI BEACH FL			1710 Cleveland Road								
HTY-ST-ZIP	MIAMI DEACH FL	DELETE	1.4 CITY - ST - ZIP	Mani Black FL 33141	Chance Addition							
TITLE			2.1 TITLE		Change Addition							
AME			2.2 NAME									
ITREET ADDRESS			2.3 STREET ADDRESS									
11Y-ST-ZIP		T scieve	2. 4 CHTY-ST-ZIP		0.							
ITLE		L DELETE	: 3.1 TITLE		Change Addition							
IAME			3.2 NAME	*								
ITREET ADDRESS			3.3 STREET ADDRESS									
ITY-ST-ZIP			3.4 CITY-ST-ZIP		····							
TITLE	<u> </u>	L_ DELETE	4.1 TITLE		Change Addition							
AME {			4. 2 NAME									
TREET ADDRESS			4.3 STREET ADDRESS									
HTY-ST-ZIP			4.4 CITY-ST-ZIP									
ITLE		☐ DELETE	5.1 TITLE		Change Addition							
LAME	{		5.2 NAME									
TREET ADDRESS			5.3 STREET ADDRESS									
ITY-ST-ZIP			54 CITY-ST-ZIP									
TLE		DELETE	61 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition							
AME			6.2 NAME									
TREET ADDRESS			6.3 STREET ADDRESS									
ITY-ST-ZIP			6.4 CITY-ST-ZIP									
4. I do hereb	by certify that the information supplied	with this filing does not qualify	for the exemption s	tated in Section 119.07(3)(i), Florida Statutes. I furth	er certify that the							
informatio	on indicated on this annual report or su	applemental annual report is true	e and accurate and	that my signature shall have the same legal effect report as required by Chapter 607, Florida Statutes.	as if made under oath; that							
appears i	in Block 12 or Block 13 if changed, or	on an attachment with an addre	BSS.	opon as required by enaples corr, i lenda statutes.	MIN HOLTHY HOLTE							