SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:29

DOCUMENT # **630625** **(2)**

1. Corporation Name

DR. MARC SALTZMAN, M.D., P.A.

Principal Place of Business	Mailing Address
9526 NE 2ND AVE **MIAMI FL 33138**	**9526 NE 2ND AVE** **MIAMI FL 33138**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1979**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

4. FEI Number: **59-1914046** — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has elected to be governed by [illegible] Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SALTZMAN, DR. MARC, M.D.
9526 NE 2ND AVE
MIAMI FL 33138

10. Name and Address of New Registered Agent

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 Section(s) 607.0502 and 607.1508, Florida Statutes, this domestic 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(S)

12. OFFICERS AND DIRECTORS		13	
Title	PVD	Title	☐ Change ☐ Addition
Name	SALTZMAN, DR. MARC	Name	
Street Address	1000 ISLAND BLVD	Street Address	
City-St-Zip	MIAMI FL	City-St-Zip	
Title	ST	Title	☐ Change ☐ Addition
Name	SALTZMAN, DR. MARC	Name	
Street Address	1000 ISLAND BLVD	Street Address	
City-St-Zip	MIAMI FL	City-St-Zip	
Title	PVD	Title	☐ Change ☐ Addition
Name	SALTZMAN, MARC DR.	Name	
Street Address	1000 ISLAND BLVD.	Street Address	
City-St-Zip	MIAMI FL	City-St-Zip	
Title	ST	Title	☐ Change ☐ Addition
Name	SALTZMAN, MARC DR.	Name	
Street Address	1000 ISLAND BLVD.	Street Address	
City-St-Zip	MIAMI FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

CR2E034 (3/95)

14. I (We) hereby certify that the information supplied with this filing is absolutely harmless and does not qualify for the exemptions 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: Marc A Saltzman MD Marc A. Saltzman 6/26/95 7572326

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Telephone Number

0043000 CP