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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

652440

(9)

RICHARD S. ARONSOHN, M.D., P.A.

FILED
Jan 21 1998 8:00am
Secretary of State

Ρ	rincipal Place of Business	Mailing Address	ng Address			2 I MANIE DII DE BITTE ISANI GEGTE DIANE GOIL BERTE WARE BENET DENNI RIGHT FON F					
800 MEADOWS ROAD BOCA RATON FL 33486 US			P.O. BOX 276070 BOCA RATON FL 33427-6070 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
2	. Principal Place of Busin	ness	2a. Mailing Address				4.	01/16/1980 FEI Number		Applied For	
21	Ì		26				1	59-1963499	\ <u></u>	Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Zip	Country 25	Zip 29	30	Country		8.	This corporation owes or has paid the operational Property Tax due June 30.	current yea	ar Intangible	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
7948 YORKSHIRE COURT BOCA RATON FL 33496					81	Name					
					82	Street Addres	ss (P	P.O. Box Number is Not Acceptable)			
					83						

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1,1 TITLE Change Addition TITLE ARONSOHN, RICHARD NAME 1.2 NAME 7948 YORKSHIRE COURT STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE ARONSOHN, CYNTHIA Y NAME 2.2 NAME 7948 YORKSHIRE COURT STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP ___ DELETE __ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 cath; 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: CULLARY SCENARIES CRICARES. ARONSOHN

6 JAN 98

561-393-4131