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FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 655021

(4)

1. Corporation Name  
FREDRIC R. GOTTLIEB, M.D., P.A.



Principal Place of Business

2500 E HALLANDALE BCH BLVD #C17  
SUITE 317  
HALLANDALE FL 33009

Mailing Address

2500 E. HALLANDALE BEACH BLVD  
SUITE C  
HALLANDALE FL 33009-4888  
US

3. Date Incorporated or Qualified  
01/04/1980

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business

21 31 Cedar Road  
Suite Apt. #, etc.

2a. Mailing Address

26 Same.

4. FEI Number

59-1972948

Applied For

Not Applicable

6. 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

City & State

23 Hollywood Fla.

City & State

28

Zip

24 33009

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GOTTLIEB, FREDRIC R MD  
2500 E HALLANDALE BCH BLVD #C  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

Fredric R. Gottlieb MD

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

31 Cedar Rd.

83

Hollywood

84 City

FL

85

Zip Code

33021

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, Section 607.0505, Florida Statutes.

SIGNATURE

*Fredric R. Gottlieb MD*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	GOTTLIEB, FREDRIC R MD	
STREET ADDRESS	2500 HALLANDALE BV #C	
CITY- ST- ZIP	HALLANDALE, FL 33009	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 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:

*Fredric R. Gottlieb MD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

Date:

954 981-5584  
Daytime Phone #

CR2E034 (9/96)