

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 678485

1. Corporation Name
STEPHEN C. MARGOLIS, M.D., P.A.

Principal Place of Business		Mailing Address	
8950 N KENDALL DR #408 MIAMI FL 33176		8950 N KENDALL DR #408 MIAMI FL 33176	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
PLOUCHA, LARRY M. C/O ATKINSON, DINER, STONE, BLACK 1946 TYLER ST HOLLYWOOD FL 33022			
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 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP NAME: MARGOLIS, STEPHEN C STREET ADDRESS: 11130 SW 84TH CT. CITY-ST-ZIP: MIAMI FL 33156		<input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: SD NAME: MARGOLIS, HARRIET STREET ADDRESS: 1130 S.W. 84 COURT CITY-ST-ZIP: MIAMI FL 33156		<input type="checkbox"/> DELETE 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: TD NAME: MARGOLIS, ADAM STREET ADDRESS: 11130 S.W. 84 COURT CITY-ST-ZIP: MIAMI FL 33156		<input type="checkbox"/> DELETE 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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, with all other like empowered.

SIGNATURE:

Katherine Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90039 003 ***150.00

0252878

CR2E034 (11/98)

4-29-99- 305-596-700

Daytime Phone #