

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734931 (9)

1. Corporation Name

WEST BROWARD PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GEORGE A. LUSTIG, M.D.
4699 N. STATE ROAD 7
TAMARAC FL 33319

C/O GEORGE A. LUSTIG, M.D.
4699 N. STATE ROAD 7
TAMARAC FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1976

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0121105

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

**STERNBERG, BERNARD
7515 W. OAKLAND PARK BLVD #102
LAUDERMILL FL 33319-1909**

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 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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

LUSTIG, GEORGE A. M.D

STREET ADDRESS

4699 NORTH STATE ROAD 7

CITY - ST - ZIP

TAMARAC FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

STD

NAME

SIDNEY, SONTAG, M.D.

STREET ADDRESS

7351 W OAKLAND PK BLVD.

CITY - ST - ZIP

LAUDERMILL FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

D

NAME

SANTON RAMPAL, M.D.

STREET ADDRESS

7351 W OAKLAND PK BLVD.

CITY - ST - ZIP

LAUDERMILL FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

D

NAME

Sternberg, Bernard

STREET ADDRESS

7491 W Oakland Park Blvd.#301

CITY - ST - ZIP

Lauderhill, FL 33319

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE A. LUSTIG

REMITTED BY MAY 1

0044817