

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **761345** (8)
1. Corporation Name
THE MEDICAL FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business: 3625 NW 82ND AVE., #211 MIAMI FL 33166
Mailing Address: 3625 NW 82ND AVE., #211 MIAMI FL 33166

3. Date Incorporated or Qualified: 01/06/1982
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-2147169
5. 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: SACHER (CHARLES P.) 2655 LEJEUNE ROAD #1101 CORAL GABLES FL 33134
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) City (84) State (85) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: STOLZENBERG, JERRY	1.1 TITLE: VD	1.2 NAME: KOHEN, ROJAND
STREET ADDRESS: 3625 NW 82ND AVE., #211	CITY-ST-ZIP: MIAMI FL	1.3 STREET ADDRESS: 3625 N.W. 82 AVE., # 211	1.4 CITY-ST-ZIP: MIAMI, FL 33166
TITLE: SD	NAME: LLANES, CARLOS G MD	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 3625 NW 82ND AVE., #211	CITY-ST-ZIP: MIAMI FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP: 33166
TITLE: TD	NAME: COHEN, JAY M DO	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 3625 NW 82ND AVE., #211	CITY-ST-ZIP: MIAMI FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP: 33166
TITLE: PD	NAME: SIEGEL, BARRY M.	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3625 NW 82ND AVE., #211	CITY-ST-ZIP: MIAMI FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP: 33166
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry M Siegel* 3/2/96 (305) 593-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)