

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00**

**FILED**  
**Feb 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Miami</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F10893 (8)**

1. Corporation Name  
**WIRTSHAFTER AND KAUFMAN, M.D., P.A.**



Principal Place of Business 4302 ALTON RD #920 MIAMI BEACH FL 33140	Mailing Address 4302 ALTON RD #920 MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. <i>Same</i>	22. <i>Same</i>	23. <i>Same</i>	24. <i>Same</i>	12/01/1980	
4. FEI Number		5. Certificate of Status Desired		Applied For	
59-2042716		<input type="checkbox"/>		Not Applicable	
6. Election Campaign Financing		7. This corporation owes or has paid the current year Intangible		8.75 Additional Fee Required	
Trust Fund Contribution <input type="checkbox"/>		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOLCHIN, STEVE B., P.A. 4330 SHERIDAN ST THE OAKS, SUITE 202B HOLLYWOOD FL 33021				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WIRTSHAFTER, AMERY		1.1 NAME				
STREET ADDRESS	13050 BISCAYNE BAY TERR		1.1 STREET ADDRESS				
CITY-ST-ZIP	N MIAMI FL		1.1 CITY-ST-ZIP				
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAUFMAN, MARK		2.1 NAME				
STREET ADDRESS	429 CENTER ISLAND		2.1 STREET ADDRESS				
CITY-ST-ZIP	GOLDEN BEACH FL		2.1 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.1 NAME				
STREET ADDRESS			3.1 STREET ADDRESS				
CITY-ST-ZIP			3.1 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.1 NAME				
STREET ADDRESS			4.1 STREET ADDRESS				
CITY-ST-ZIP			4.1 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.1 NAME				
STREET ADDRESS			5.1 STREET ADDRESS				
CITY-ST-ZIP			5.1 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.1 NAME				
STREET ADDRESS			6.1 STREET ADDRESS				
CITY-ST-ZIP			6.1 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.

SIGNATURE: *Amey Wirtshafter* 2/17/98 305 672 4222

CR2E034 (10/97)