SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Sep 26 1996 8:00 am
Secretary of State

DOCUMENT # **F35112** **(4)**

1. Corporation Name

YOUNG, SCHIMMEL, KANTER & ~~BRENER~~ BRENER SURGICAL ASSOCIATES, M.D., P.A.

Principal Place of Business	Mailing Address
7800 S.W. 87 AVE. SUITE A110 MIAMI FL 33173	7800 S.W. 87 AVE. SUITE A110 MIAMI FL 33173

3. Date Incorporated or Qualified: **05/01/1981**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21 8940 N Kendall Drive
22 Suite, Apt. #, etc. # 601E
23 City & State: Miami, Florida
24 Zip: 33176
25 Country: USA

2a. Mailing Address
26 11440 N. Kendall Dr.
27 Suite, Apt. #, etc. # 104
28 City & State: Miami, FL
29 Zip: 33176
30 Country: USA

4. FEI Number: **59-2088958** ☐ 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

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

9. Name and Address of Current Registered Agent

YOUNG, JERROLD, M.D.
7800 S.W. 87 AVE.
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8940 N. Kendall Drive
83 Suite 601E
84 City: Miami **FL** 85 Zip Code: 33176

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 X _____ (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	YOUNG, JERROLD		1.2 NAME	Jerrold Young	
STREET ADDRESS	7800 S.W. 87 AVE.		1.3 STREET ADDRESS	8940 N. Kendall Drive, 601E	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP	Miami, Florida 33176	
TITLE	SD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SCHIMMEL, LAWRENCE H		2.2 NAME		
STREET ADDRESS	7800 S.W. 87 AVE.		2.3 STREET ADDRESS	8940 N. Kendall Drive, 601E	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	Miami, Florida 33176	
TITLE	T	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	KANTER, STEVEN		3.2 NAME		
STREET ADDRESS	7800 S.W. 87 AVE.		3.3 STREET ADDRESS	8940 N. Kendall Drive, 601E	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Florida 33176	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRENER, GEORGE A		4.2 NAME		
STREET ADDRESS	7800 SW 87 AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

$ BANK 6/20/96

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/13/96 (305) 315-9490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

0082553 CP