

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F52958 (8)
1. Corporation Name
JOEL V. KASS, M.D., P.A.



Principal Place of Business 1150 NORTH 3RD AVE. SUITE 330 HOLLYWOOD FL 33021	Mailing Address 1150 NORTH 3RD AVE. SUITE 330 HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1150 NORTH 35th AVE. Suite, Apt. #, etc. 22 SUITE 330 City & State 23 HOLLYWOOD, FL Zip 24 33021	2a. Mailing Address 26 1150 NORTH 35th AVE. Suite, Apt. #, etc. 27 SUITE 330 City & State 28 HOLLYWOOD, FL Zip 29 33021	3. Date Incorporated or Qualified 11/06/1981 4. FEI Number 59-2153753 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KLASS, JOEL V 1150 NORTH 3RD AVE. SUITE 330 HOLLYWOOD FL 33021	10. Name and Address of New Registered Agent 81 Name KLASS, JOEL V. 82 Street Address (P.O. Box Number is Not Acceptable) 1150 NORTH 35th AVE. 83 SUITE 330 84 City HOLLYWOOD 85 Zip Code FL 33021
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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 NAME STREET ADDRESS CITY-ST-ZIP PD KLASS, JOEL V 1150 NORTH 3RD AVE. HOLLYWOOD FL 33021	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 1150 NORTH 35th AVE., SUITE 330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 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.

SIGNATURE: *Joel V. Klass M.D. P.A.*

4/17/98

CR2E034 (10/97)