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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

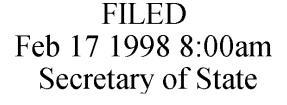
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

ESTHER B. EISENSTEIN, M.D., P.A.





| Principal Plac | e of Business | Mailing Address | Mailing Address | | | | | | |
|----------------------------------|---|-------------------------------------|--------------------------|--------------------------------|--|---|--------------|-------------|----------------|
| 9909 PINES | | 5023 GRANT ST. | | | | | | | |
| PEMBROKE PINES FL 33024 | | HOLLYWOOD FL 33021 | | | | DO NOT WRITE IN THIS SPACE | | | |
| us | | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | 12/14/1981 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | pplied For |
| 21 | | 26 | | | | 59-2147081 | | | lot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | Additional |
| 22 | | 27 | | | | 6. Certificate of Status Desired | × | | Required |
| City & Stato | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | 28 | | | Trust Fund Contribution | | | l to Fees |
| Zip | Country | Zip | Coun | try | | B. This corporation owes or has pa | id the curr | ent year Ir | ntangible |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June | 30. | Yes | □ Ño] |
| | 9. Name and Address of Curre | nt Registered Agent | | _ | | 10. Name and Address of New Re | gistered A | gent | |
| | VI, C.P.A., ALLEN S. | | 6 | 11 | Name | | | | |
| 20590 W DIXIE HIGHWAY | | | 1 | 12 | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| N. | MIAMI BCH. FL 33180 | | | | | | | | |
| | | | [| 33 | | | | | |
| | | | ī | 14 | City | • | | 85 Zip | Code |
| | | | 1 | -1 | • | | FL | ļ · | |
| 11. Pursuant | to the provisions of Sections 607.05 egistered agent, or both, in the Stat | 02 and 607.1508, Florida Statu | tes, the abo | bve hv | named corporation | oration submits this statement for the p ion's board of directors. I hereby accep | urpose of | changing | its registered |
| agent 1 a | m familiar with, and accept the obli | gations of, Section 607.0505, FI | lorida Statu | les. | · | correspondent of the control of the | n tho appo | ibiioiii u | 3.09.3.0.00 |
| SIGNATURE | | | | | | | | | |
| 40 | Signature, typed or product name of registered ag | | | \gen | il signature require | ed when reinstating) | DATE | DIRECTA | 50 111 40 |
| 12. TITLE | PO | ND DIHECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | EHS AND | Change | Addition |
| NAME | EISENSTEIN, ESTHER B. | LJ bitter | | | | | ' | Change | |
| STREET ADDRESS 5023 GRANT STREET | | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | |
| | | 1.4 CITY-ST-ZIP | | | | | | | |
| CITY-ST-ZIP TITLE | HOLLYWOOD FL | DELETE | 2.1 TITL | | - 110 | | | Change | Addition |
| NAME | | C veen | 2.2 NAM | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 2.4 CIT | | | | ٠., | | |
| TITLE | DELETE | | | | - Zir | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME | _ | | | 3.1 TITLE 3.2 NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS . | | | | - |
| CITY-ST-ZIP | | | 3.4 CIT | | | | | | i |
| TITLE | DELETE 4. | | | | - 411 | | 1 | Change | ☐ Addition |
| NAME | | | 4. 2 NAA | | | | • | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | | | | |
| TITLE | | DELETE | 5.1 TITE | _ | -zir | • | | Change | ☐ Addition |
| NAME | | <u> </u> | 5.2 NAM | | | | • | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | | | | | | |
| TITLE | | DELETE | 6.1 TITU | | - 41 | | | Change | Addition |
| NAME | [- | | 6.2 NAM | | | | | | |
| STREET ADDRESS | | | | | ADORESS | | | | |
| - 1 | | | | | 1 | | | | - |
| CITY+ST-ZIP | certify that the information supplied | with this filing does not quality f | 6.4 CITY for the exen | | | Section 119.07(3)(i) Florida Statutes I | further cert | ify that th | e 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.

ESTHER B. EISENSTEIN 2.10.98 954-4318538