

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F61954 (6)

1. Corporation Name

EHRlich & FLEISHER, M.D., P.A.

Principal Place of Business

**% ANDREW D. FLEISHER
4030A SHERIDAN STREET
HOLLYWOOD FL 33021**

Mailing Address

**% ANDREW D. FLEISHER
4030A SHERIDAN STREET
HOLLYWOOD FL 33021**



2. Principal Place of Business

2a. Mailing Address

21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**FLEISHER, ANDREW D M.D.
4030A SHERIDAN STREET
HOLLYWOOD FL 33021**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0542 and 607.0543, 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, thereby accepting the appointment of a registered agent. I am familiar with, and accept the obligations of, Sections 607.0542, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	EHRlich, JEFFREY E	
STREET ADDRESS	4030A SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DST	☐ DELETE
NAME	FLEISHER, ANDREW	
STREET ADDRESS	4030A SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 NAME		☐ Change ☐ Addition
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 NAME	PDST	☒ Change ☐ Addition
2 STREET ADDRESS	Fleisher, Andrew	
2 CITY-ST-ZIP	4030A Sheridan St	
3 NAME	Hollywood Fl 33021	☐ Change ☐ Addition
3 STREET ADDRESS		
3 CITY-ST-ZIP		☐ Change ☐ Addition
4 NAME		☐ Change ☐ Addition
4 STREET ADDRESS		
4 CITY-ST-ZIP		☐ Change ☐ Addition
5 NAME		☐ Change ☐ Addition
5 STREET ADDRESS		
5 CITY-ST-ZIP		☐ Change ☐ Addition
6 NAME		☐ Change ☐ Addition
6 STREET ADDRESS		
6 CITY-ST-ZIP		
7 NAME		☐ Change ☐ Addition
7 STREET ADDRESS		
7 CITY-ST-ZIP		

14. I do hereby certify that the information supplied on this report is voluntarily furnished and does not qualify for the exemption stated in Section 19.071, Florida Statutes. Further, I 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 this 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 correct, or on an attached sheet with a reference.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

954-
966 4020

CR2E034 (12/95)