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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000005889 (1)**

1. Corporation Name

LAWRENCE ALAN GOLDSCHLAGER, A MEDICAL CORPORATIO N

Principal Place of Business	Mailing Address
87 W. PLAZA DEL SOL ISLAMORADA FL 33036-4120	87 W. PLAZA DEL SOL ISLAMORADA FL 33036-4120

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 01/25/1995

4. FEI Number: 95-3145008 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 52 W. PLAZA GRANADA	26 52 W. PLAZA GRANADA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State: 23 ISLAMORADA, FL	City & State: 28 ISLAMORADA, FL.
Zip: 24 33036-4120 County: 25 MONROE	Zip: 29 33036-4120 Country: 30 MONROE

9. Name and Address of Current Registered Agent

GOLDSCHLAGER, LAWRENCE MD
87 W. PLAZA DEL SOL
ISLAMORADA FL 33036-4120

10. Name and Address of New Registered Agent

81 Name: GOLDSCHLAGER, LAWRENCE M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 52 W. PLAZA GRANADA
83
84 City: ISLAMORADA FL 85 Zip Code: 33036

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: L. Goldschlager, M.D. LAWRENCE GOLDSCHLAGER, M.D. / PRES. C.E.O. DATE: 3/30/96
(Signature(s) & typed or printed name of person(s) and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC GOLDSCHLAGER, LAWRENCE MD 87 W PLAZA DEL SOL ISLAMORADA FL 33036-4120 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PC GOLDSCHLAGER, LAWRENCE MD 52 W PLAZA GRANADA ISLAMORADA, FL 33036-4120 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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)(k), 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: Lawrence Goldschlager, M.D. 3/30/96 (305) 664-5070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #