

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004799 (2)**

1. Corporation Name

PROFESSIONAL CENTER OF SOUTH FLORIDA, INC.



Principal Place of Business

1380 MIAMI GARDENS DR
NORTH MIAMI BEACH FL 33179

Mailing Address

560 N.W. 165 St Rd
~~1380 MIAMI GARDENS DR~~
NORTH MIAMI BEACH FL 33179
Suite 311
Miami, FL 33169

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25 29 30 33169 USA

2a. Mailing Address

26 560 N.W. 165 St Rd

27 Suite, Apt. #, etc
Suite 311

28 City & State
Miami, FL

29 30 33169 USA

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

10/06/1995

4. FEI Number

59-2262709

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

10. Name and Address of New Registered Agent

FRAYND, PAUL

~~1380 MIAMI GARDENS DRIVE~~ 560 N.W. 165 St Rd
NORTH MIAMI BEACH FL 33179 Suite 311
Miami, FL 33169

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 607.0502 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, if not at all applicable

2000: Registered Agent signature required when re-appointing

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE CP
NAME FRAYND, PAUL
STREET ADDRESS ~~1380 MIAMI GARDENS DR~~ 560 N.W. 165 St Rd
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Miami 33169

TITLE VCV DELETE
NAME FRAYND, GERMAN
STREET ADDRESS ~~1380 MIAMI GARDENS DR~~ 560 N.W. 165 St Rd
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Miami FL 33169

TITLE D DELETE
NAME FRAYND, MARCOS
STREET ADDRESS ~~1380 MIAMI GARDENS DR~~ 560 N.W. 165 St Rd
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Miami, FL 33169

TITLE D DELETE
NAME COIFFMAN, FANNY
STREET ADDRESS ~~1380 MIAMI GARDENS DR~~ 560 N.W. 165 St Rd
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Miami, FL 33169

TITLE ST DELETE
NAME SINGER, FANNY
STREET ADDRESS ~~1380 MIAMI GARDENS DR~~ 560 N.W. 165 St Rd
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 Miami FL 33169

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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; 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: Paul Fraynd

4-24-96

(305) 940-5046

CR2E034 (12/95)