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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 03 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G40816

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MIAMI BEACH PHYSICIANS ASSOCIATES, INC.

Principal Place of Business		Mailing Address			3 ammilit andt antet ander baimt getten die	A CORNEL MENT ALBER MONTH LAND, MINTE MAN MINT MINT MENT ALBER AND MINTER AND			
C/O MARTIN STARR 9703 SOUTH DIXIE HWY. MIAMI FL 33156-2812		C/O MARTIN STARR 9703 SOUTH DIXIE HWY. MIAMI FL 33156-8114							
		**************************************		3. Date Incorporated or Qualified 05/24/1983 3a. Date of Last Report 03/04/1996					
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied				
Suite Apt. #. otc.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Suite, Apt. #, etc.			59-2449745	- 60	 	Applicable	
Suite Apt. #. atc.		27			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing	\$!	5.00 M	av Be	
23		28			Trust Fund Contribution		dded to i		
Zip Country		Zip TTT)	Countr	У	8. This corporation has liability for	intangible tayur Yes No	nder s. 19	99.032,	
9, Name	25 and Address of Curre		29 30		Florida Statutes				
GOTTLIEB, ST	UART		81	Name					
2025-AVENTU	RABLAD - SLG	o collins a	82	Street A	odress (P.O. Box Number is Not Accepta	hle)			
NO MIAMI BO	H. FL 33480	46141	ا سبسه		DOVIDES (1 15. DEX 116. NEO) 15 110, 1100 ptd				
	MIN	MI A BACH	(7) 83	i[
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44 Durantet to the reco	sions of Costinus 607.06	02 and 607 1609 Florida No.	iton the sha	o named a	orporation submits this statement for the	FL b	aina ita -	onistata	
office or registered a	gent, or both, in the Stat	e of Florida. Such change was gations of, Section 607.0505, I	authorized b	y the corpo	orporation's board of directors. I hereby acce	pt the appointme	ent as req	gistered	
SIGNATURE									
Signative typic 12.	or printed name of registered a OF CIONEDS A	gerhand tife if applicable (NE ND DIRECTORS	DTE: Regislered A;	jent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	CTODE I	(N) 12	
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CITY-S1-ZIP		de la completa de la contrata de la completa de la		S1 - ZIP					
 I do hereby certify the information indicated 	at the information suppli on this annual report or	ed with this filing does not qua- supplemental annual-seport is	alify for the ex s true and and	emption sta curate and t	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same led	es. I further certif at effect as if ma	y that the	e r oath: th	
Lam an officer or dire	ector of the corporation	or the receiver or trustee empo	owered to e	cute this re	hat my signature shall have the same leg port as required by Chapter 607, Florida	Statutes; and the	it my nan	ne	
BIDDOCOLO III DICUM 12	и иноок то дье пк у пу у га,	OF ALL CHI DURIOURIGIE WILLIAM SILVE							