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

0304602

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G68105

1. Corporation Name
HENRY U. PARL, M.D., INC.

Principal Place of Business
817 S UNIVERSITY DR
SUITE 106
PLANTATION FL 33324

Mailing Address
~~817 S UNIVERSITY DR~~
~~SUITE 106~~
~~PLANTATION FL 33324~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1983

4. FEI Number
59-2339579
[ ] 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 owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 4651 SHERIDAN ST
Suite, Apt #, etc.
27 SUITE 400
City & State
28 Hollywood FL
Zip 29 33021 Country 30

9. Name and Address of Current Registered Agent
~~PARL, HENRY U. (MD)~~
~~817 S UNIVERSITY DR~~
~~S106~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent
81 Name JAY A. MARTUS
82 Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN STREET
83 SUITE 400
84 City HOLLYWOOD FL 85 Zip Code 33021

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 Jay A. Martus Registered Agent 4/13/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	[ ] DELETE
NAME	PARL, HENRY U ,MD	
STREET ADDRESS	817 S UNIVERSITY DR S106	
CITY-ST-ZIP	PLANTATIONA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	VP	[X] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	P/D	[ ] Change [X] Addition
22 NAME	MITCHELL EISENBERG	
23 STREET ADDRESS	4651 SHERIDAN STREET SUITE 400	
24 CITY-ST-ZIP	Hollywood FL 33021	
31 TITLE	EVP/D	[ ] Change [X] Addition
32 NAME	Lewis Gold	
33 STREET ADDRESS	4651 Sheridan Street, Suite 400	
34 CITY-ST-ZIP	Hollywood, FL 33021	
41 TITLE	Coo/D	[ ] Change [X] Addition
42 NAME	MICHAEL SCHNOBLER	
43 STREET ADDRESS	4651 Sheridan Street Suite 400	
44 CITY-ST-ZIP	Hollywood FL 33021	
51 TITLE	VP/S	[ ] Change [X] Addition
52 NAME	JAY A. MARTUS	
53 STREET ADDRESS	4651 Sheridan Street, Suite 400	
54 CITY-ST-ZIP	Hollywood, FL 33021	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Henry U. Parl, M.D., Inc By: Jay A. Martus V.P. April 13, 1999 (954)986-7770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay A. Martus VP
Date Daytime Phone #