FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:22
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # G74572 (0)

1. Corporation Name
ASSOCIATION OF SOUTH BROWARD PHYSICIANS, INC.

Principal Place of Business	Mailing Address
C/O MEMORIAL HOSPITAL 3501 JOHNSON STREET HOLLYWOOD FL 33021	C/O MEMORIAL HOSPITAL 3501 JOHNSON STREET HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1983
3a. Date of Last Report: 06/17/1994
4. FEI Number: 59-2412231 ☐ 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 / 26 Suite, Apt. #, etc. 22 / 27 City & State 23 / 28 Zip 24 / 29 Country 25 / 30

9. Name and Address of Current Registered Agent

STONE, ADELE
1946 TYLER STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
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 617.1508, 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

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	DP
NAME	SPALTER, JOEL
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD
NAME	FLEIGELMAN, ROBERT
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	STD
NAME	HEROLD, FRED
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	AST, ALAN
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	ANGELLA, JOSEPH
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	D
NAME	ASANZA, LUIS
STREET ADDRESS	3501 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(1–6 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

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)(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.

SIGNATURE: [signature] 4/20/95 904-581-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084302 CP