

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H13515

(2)

1. Corporation Name

STEINGO & KISHNER, M.D., P.A.

Principal Place of Business

5333 N. DIXIE HWY STE 110
FT. LAUDERDALE FL 33334-0453

Mailing Address

5333 N. DIXIE HWY STE 110
FT. LAUDERDALE FL 33334-0453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1984

4. FEI Number

59-2429295

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 5757 N. Dixie Hwy

26 5757 N. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Lauderdale FL

28 Fort Lauderdale FL

Zip

Country

Zip

Country

24 33334

25

29 33334

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISHNER, RICHARD, M.D.

5333 NORTH DIXIE HIGHWAY
FORT LAUDERDALE FL 33334

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 and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME DS
STREET ADDRESS STEINGO, BRIAN, M.D.
CITY-ST-ZIP 5333 N. DIXIE HWY.
FT. LAUDERDALE FL

TITLE
NAME DP
STREET ADDRESS KISHNER, RICHARD, M.D.
CITY-ST-ZIP 5333 N. DIXIE HWY.
FT. LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DS
1.2 NAME Steingo, Brian, M.D.
1.3 STREET ADDRESS 5757 N. Dixie Hwy
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33334

2.1 TITLE DP
2.2 NAME Kishner, Richard, M.D.
2.3 STREET ADDRESS 5757 N. Dixie Hwy
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33334

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

1/8/98

CR2E034 (10/97)