SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J55097** **(6)**

1. Corporation Name
GADI GICHON, M.D., P.A.

Principal Place of Business
3082 NW 60 AVENUE
SUNRISE FL 33313

Mailing Address
3082 NW 60 AVENUE
SUNRISE FL 33313

3. Date Incorporated or Qualified: **01/29/1987**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt # etc — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-2783034** — 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**
GICHON, GADI, M.D.
3082 NW 60TH AVENUE
SUNRISE FL 33313

10. **Name and Address of New Registered Agent**
81 Name: Hamid Nawaz, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 3082 NW 60th Avenue
83: ~~Sunrise FL~~
84 City: Sunrise FL — FL — 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 hereby accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PVS	☒ DELETE
NAME	GICHON, GADI, M.D.	
STREET ADDRESS	3082 NW 60 AVENUE	
CITY-ST-ZIP	SUNRISE FL	
TITLE	TD	☐ DELETE
NAME	GICHON, GADI, M.D.	
STREET ADDRESS	3082 NW 60 AVENUE	
CITY-ST-ZIP	SUNRISE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Hamid Nawaz, M.D.	
1.3 STREET ADDRESS	3082 NW 60th Avenue	
1.4 CITY-ST-ZIP	Sunrise FL 33313	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***225.00

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 or a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/20/96 954-741-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

CR2E034 (3/96)