

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Jul 28 1998 8:00 am
 Secretary of State

DOCUMENT # K04994 (5)
 1. Corporation Name
 STEVEN R. HORNREICH, M.D. P.A.



Principal Place of Business: 843 HAVANA DRIVE BOCA RATON FL 33487-4120
 Mailing Address: 843 HAVANA DRIVE BOCA RATON FL 33487-4120

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 12/01/1987 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | |
| 23. City & State | | 28. City & State | | 65-0014092 | |
| 24. Zip | | 29. Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25. Country | | 30. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
 HORNREICH, STEVEN R.
 843 HAVANA DRIVE
 BOCA RATON FL 33487

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|-------------------------------------|---|
| TITLE | PDT <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HORNREICH, STEVEN R. | 1.2 NAME |
| STREET ADDRESS | 843 HAVANA DRIVE | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | BOCA RATON FL | 1.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | | 2.2 NAME |
| STREET ADDRESS | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME |
| STREET ADDRESS | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME |
| STREET ADDRESS | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME |
| STREET ADDRESS | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME |
| STREET ADDRESS | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP |

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 two pages 7/28

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: _____ DATE: 6/30/98 561-4196-0601

CR2E034 (5/98)