

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K06935** (6)

1. Corporation Name
HERBERT SCOTT LEB, M.D., P.A.



Principal Place of Business
**1380 NE MIAMI GARDENS DR.
#260
N. MIAMI BCH. FL 33179
US**

Mailing Address
**1380 NE MIAMI GARDENS DR.
#260
N. MIAMI BCH. FL 33179
US**

3. Date Incorporated or Qualified **01/01/1988** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0018706** 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Country 26 Country 27 Country 28 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**LEB, HERBERT SCOTT M.D.
1100 NE 163RD ST., #302
SUITE 400
NORTH MIAMI BCH. FL 33162**

10. Name and Address of New Registered Agent

81 Name
82 Street Address
83
84 City

**LEB, HERBERT SCOTT M.D.
1380 NE Mia. Gdns. Dr., #260
No. Miami Bch., Fl. 33179**

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 *Herbert S. LeB, M.D.* DATE **4-15-96**

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
LEB, HERBERT SCOTT, M.D.
1380 NE MIAMI GARDENS DR., STE. 260
NORTH MIAMI BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

**600001800040
-04/29/96--01125--023
***200.00**

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 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: *Herbert S. LeB, M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Herbert S. LeB, M.D. / President

4-15-96 305/945-7516

CR2E034 (12/95)