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
APPROVED AND FILED
95 MAY -1 AM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K27657** **(1)**

1. Corporate Name
IRA JOEL AGATSTEIN, M.D., P.A.

Principal Office Address
% SUSAN K. ROBIN
1581 NW 100 WAY
PLANTATION FL 33322

Mailing Address
350 N PINE ISLAND
STE 105
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **07/06/1988**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21
Suite Apt. # or Bldg.
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt. # or Bldg.
27
City & State
28
29 30

4. FEI Number: **65-0058159** Filed 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. The corporation has taken, or intends to take, a charitable tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
ROBIN, SUSAN K.
1 TOWN CENTER RD
BOCA RATON FL 33486

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 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 of New Registered Agent) (Signature of Registered Agent to be Resigned) (Date)

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
D	AGATSTEIN, IRA JOEL MD	1581 NW 100 WAY	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, State, Zip	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as registered agent, if I am a registered agent of this corporation, in the event a properly signed resignation statement or revocation of registration is filed.

SIGNATURE: Ira J. Agatstein M.D. 4/12/95 (305) 474-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0231870 CP