

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

95 MAY -1 PM 3: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K49150**

1. Corporation Name
Medical and Surgical Institute of Fort Lauderdale

Principal Place of Business Mailing Address
**8395 West Oakland Park Blvd.
Sunrise, Fla. 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1989	3a. Date of Last Report 1994
4. FEI Number 65-0085616	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**David Menkhaus, Esq.
Moore & Menkhaus
4800 No. Federal Highway Suite 210A
Boca Raton, Fla.**

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 _____ DATE _____
Signature typed or printed name of registered agent and this is applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Orlando Maytin, M.D. Chief Executive Officer	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME N/A	1. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8395 West Oakland Park Blvd Sunrise, FL 33351	2. STREET ADDRESS	2. NAME N/A	2. STREET ADDRESS
CITY, ST, ZIP	3. CITY, ST, ZIP	3. NAME N/A	3. CITY, ST, ZIP
TITLE Stanley Frankowitz, D.O. Vice CEO	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME N/A	4. STREET ADDRESS
STREET ADDRESS 8395 W. OAKLAND PK. BLVD SUNRISE, FL 33351	5. STREET ADDRESS	5. NAME N/A	5. CITY, ST, ZIP
CITY, ST, ZIP	6. CITY, ST, ZIP	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6. STREET ADDRESS
TITLE Elliot Wortzel, M.D. Secretary/Treasurer	7. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	7. NAME N/A	7. STREET ADDRESS
STREET ADDRESS 8395 W. OAKLAND PK BLVD. SUNRISE FL 33351	8. STREET ADDRESS	8. NAME N/A	8. CITY, ST, ZIP
CITY, ST, ZIP	9. CITY, ST, ZIP	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	9. STREET ADDRESS
TITLE Gary Luckman, M.D. Board Member	10. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	10. NAME N/A	10. STREET ADDRESS
STREET ADDRESS 8395 W. OAKLAND PK. BLVD. SUNRISE, FL 33351	11. STREET ADDRESS	11. NAME N/A	11. CITY, ST, ZIP
CITY, ST, ZIP	12. CITY, ST, ZIP	12. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12. STREET ADDRESS
TITLE TIS. Co/21/95	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13. NAME N/A	13. STREET ADDRESS
STREET ADDRESS	14. STREET ADDRESS	14. NAME N/A	14. CITY, ST, ZIP
CITY, ST, ZIP	15. CITY, ST, ZIP	15. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	15. STREET ADDRESS
TITLE	16. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	16. NAME N/A	16. STREET ADDRESS
NAME	17. STREET ADDRESS	17. NAME N/A	17. CITY, ST, ZIP
STREET ADDRESS	18. CITY, ST, ZIP	18. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	18. STREET ADDRESS
CITY, ST, ZIP	19. CITY, ST, ZIP	19. NAME N/A	19. STREET ADDRESS
TITLE	20. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	20. NAME N/A	20. STREET ADDRESS
NAME	21. STREET ADDRESS	21. NAME N/A	21. CITY, ST, ZIP
STREET ADDRESS	22. CITY, ST, ZIP	22. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22. STREET ADDRESS
CITY, ST, ZIP	23. CITY, ST, ZIP	23. NAME N/A	23. STREET ADDRESS
TITLE	24. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	24. NAME N/A	24. STREET ADDRESS
NAME	25. STREET ADDRESS	25. NAME N/A	25. CITY, ST, ZIP
STREET ADDRESS	26. CITY, ST, ZIP	26. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	26. STREET ADDRESS
CITY, ST, ZIP	27. CITY, ST, ZIP	27. NAME N/A	27. STREET ADDRESS
TITLE	28. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	28. NAME N/A	28. STREET ADDRESS
NAME	29. STREET ADDRESS	29. NAME N/A	29. CITY, ST, ZIP
STREET ADDRESS	30. CITY, ST, ZIP	30. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	30. STREET ADDRESS
CITY, ST, ZIP	31. CITY, ST, ZIP	31. NAME N/A	31. STREET ADDRESS

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. 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: *Orlando Maytin* **Orlando Maytin, M.D., CEO** 5/16/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing