

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90014 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K55215

1. Corporation Name
PAUL A. KURLANSKY, M.D., P.A.



Principal Place of Business
 2755 N BAY RD
 402
 33140 FL 33140
 US

Mailing Address
 2755 N BAY RD
 402
 MIAMI BEACH FL 33140
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
01/01/1989

4. FEI Number
65-0086498 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
KURLANSKY, PAUL A., M.D.
4701 MERIDIAN AVE.
SUITE 402
MIAMI BCH. FL 33140

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	KURLANSKY, PAUL A., M.D.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2755 N BAY RD	MIAMI BEACH FL 33140	2.1 TITLE	2.2 NAME
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE	6.2 NAME
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 (changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: _____ DATE: **4/26/99** Daytime Phone #: **805327944**

CR2E034 (1/98)