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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K99206 (0)

1. Corporation Name
CHILDREN & INFANTS DIAGNOSTIC CENTER, INC.

Principal Place of Business
5800 COLONIAL DR STE 205
MARGATE FL 33063

Mailing Address
5800 COLONIAL DR STE 205
MARGATE FL 33063-5662



3. Date Incorporated or Qualified 06/29/1989
3a. Date of Last Report 03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0222722

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BENZ AND BIRNBAUM
11077 BISCAYNE BLVD
SUITE 301
MIAMI FL 33181

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, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FREUNDLICH, MICHAEL M.D.
STREET ADDRESS 5800 COLONIAL DR. S-250
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE VPD
NAME ISKOVITZ, STEVEN M.D.
STREET ADDRESS 5800 COLONIAL DR. S-250
CITY-ST-ZIP MARGATE FL

☒ DELETE

TITLE SD
NAME FLORES, DR. JOSE M.
STREET ADDRESS 5800 COLONIAL DR. S-250
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE TD
NAME BIRRIEL, JOSE M.D.
STREET ADDRESS 5800 COLONIAL DR. S-250
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE D
NAME MUTZKIN, BETH M
STREET ADDRESS 5800 COLONIAL DR S-250
CITY-ST-ZIP MARGATE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

14. I do 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL FREUNDLICH M.D.

1/20/97 (954) 972-3644

Daytime Phone #

0145840

CR2E034 (9/96)