FILING FEE AFTER MAY 1ST IS $550.00 Amended

...OFIT
...PORATION
...NUAL REPORT
1999

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

FILED
99 JUN 17 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08756

1. Corporation Name
HELENE FRIEDBERG, M.D., P.A.

Lower Case

c/o , P.A.

Principal Place of Business
6245 NORTH FEDERAL HIGHWAY
SUITE 200
FORT LAUDERDALE FL 33308
US

Mailing Address
C/O GRUBER AND ASSOCIATES, P.A.
1650 SOUTHEAST 17TH STREET, SUITE 301
FORT LAUDERDALE FL 33316-1735
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/10/1989

4. FEI Number
65-0132142
☐ 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

2. Principal Place of Business
21 2021 E. Commercial Blvd.
Suite, Apt. #, etc.
22 Suite 306
City & State
23 Fort Lauderdale, FL
Zip 24 33308 Country 25 USA

2a. Mailing Address
26 2021 E. Commercial Blvd.
Suite, Apt. #, etc.
27 Suite 306
City & State
28 Fort Lauderdale FL
Zip 29 33308 Country 30 USA

9. Name and Address of Current Registered Agent

HELENE FRIEDBERG
633 NORTHEAST NINTH AVENUE, APARTMENT 5
~~APT. #5~~
FORT LAUDERDALE FL 33304

PLEASE WRITE The address This way →

10. Name and Address of New Registered Agent

81 Name: HELENE FRIEDBERG
82 Street Address (P.O. Box Number is Not Acceptable): 633 NE 9th Avenue, APT. 5
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33304

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: Helene Friedberg DATE: 6/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD P/D FRIEDBERG, HELENE 633 NORTHEAST NINTH AVENUE, APARTMENT 5 FORT LAUDERDALE FL 33304	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D FRIEDBERG, HELENE 633 NE 9th Avenue, APT. 5 FORT LAUDERDALE, FL 33304	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	200002915152--7 -06/25/99--01006--007 *****61.25	☐ Change ☐ Addition *****61.25
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: TAXPAYER'S COPY 6/10/99 954-351-1112
~~2-15-99~~ ~~954-522-2222~~
Date Daytime Phone #