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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L17835

(4)

YOSEF AARON KAWEBLUM, M.D., P.A.

FILED										
Apr	15	1997	8:00am							
Se	cre	tary o	f State							

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	e of Business		Mailing Address					LIMIN MANAL M	(D16 B1841 B101	J 04041 (0 04
	ION KAWEBLUM I ST STE A-202 EL 33433		% YOSEF AARON KAW 6909 SW 18TH ST STE BOCA RATON FL 3343	A 202						
US			US	<i></i>			3. Date incorporated or Qualified 09/21/1989		te of Last R 08/1996	leport
	lace of Busines	S	2a. Mailing Address				4. FEI Number			pplied For
21 Suite, Apt	# oto		Suite, Apt. #, etc.				65-0147358			ot Applicable
22	π, C(C.		27				6. Certificate of Status Desired		•	Additional equired
City & State	é		City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing			May Be
23			28				Trust Fund Contribution			lo Fees
Zip		Country	Zip	Coi	untry	······································	8. This corporation has liability for in	tangible		
24	25		29	30		•		Yes [
	g, Name an	d Address of Current	Registered Agent				10. Name and Address of New Reg	istered /	gent	
KAV	VEBLUM, YOS	EF AARON			81	Name				
	9 SW 18TH S				82	Street Add	ress (P.O. Box Number is Not Acceptable	۵)		
	A-202				"	Oliest Addi	roes (r. O. Box Homber is Not Acceptable	0,		
	CA RATON FL	33433			83			***************************************		
					24	0.1		·····	7221 2	
					84	City	•	FL	85 Zip i	Code
11. Pursuant	to the provision	s of Sections 607.0502	and 607 1508, Florida Sta	itutes, the e	above	-named corp	poration submits this statement for the pution's board of directors. I hereby accept		changing i	ts registered
office or re	egistered agenl m familiar with	i, or both, in the State o	of Florida. Such change wa ions of, Section 607.0505.	as authorize Florida Sta	ed by	the corporal	tion's board of directors. I hereby accept	the appo	ointment as	registered
•	The final triple,	and decept the deligation	(2001)	1 lorida ota	210103					
SIGNATURE	Signature typed or p	rinted name of registered agent	and title if applicable. (f	NOTE: Registere	ed Apei	nt signature regul	red when reinstating)	DATE		····
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	3S IN 12
TITLE	P		DELETE	1.1 7	TITLE				Change	Addition
NAMÉ	KAWEBLUM	I, YOSEF AARON		1.2 N	NAME					
STREET ADDRESS	6909 SW 11	BTH ST. STE A202		1.3\$	STREET	ADDRESS				
CITY - ST - ZIP	BOCA RATO	ON FL		1.40	CITY-SI	T-ZIP				
TITLE	**************************************		DELETE	2.1 7						Addition
\$1.6 B #5									Change	
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1. Lot fereby certify that the information supplied with this filing does not a faility 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 set 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 by the component of the corporation or the receiver by the component of the corporation or the receiver by the component of the corporation or the receiver by the corporation of the corporation or the receiver by the corporation of the

SIGNATURE: <

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #

Date