

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L37136** (3)
1. Corporation Name
PROFESSIONAL HEALTHCARE ENTERPRISES, INC.



Principal Place of Business

201 S BISCAYNE BLVD
2850
MIAMI FL 33131
US

Mailing Address

201 S BISCAYNE BLVD
2850
MIAMI FL 33131
US

3. Date Incorporated or Qualified
12/15/1989

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 **2845 Aventura Blvd.**

26 **2845 Aventura Blvd.**

4. FEI Number
65-0173226

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 120**

27 **Suite 120**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
Aventura, FL

City & State
Aventura, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country
33180 U.S.A.

Zip Country
33180 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTEIN, SHARON B.
201 S BISCAYNE BLVD
SUITE 2850
MIAMI FL 33131

81 Name

82 Street Address/P.O. Box Number is Not Acceptable)

2845 Aventura Blvd.

83 **Suite 120**

84 City
Aventura

85 Zip Code
FL 33180

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	NEUMANN, JEFFREY D.	
STREET ADDRESS	20120 NE 10 PL	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LAWN, HOWARD M.	
STREET ADDRESS	9801 COLLINS AVENUE	
CITY-ST-ZIP	BAL HARBOUR FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STARRETT, LOYD M.	
STREET ADDRESS	23 GRANITE ST	
CITY-ST-ZIP	ROCKPORT MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WAGENER, DAVID L.	
STREET ADDRESS	1917 NE 119 RD	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D, P, T
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Anthony J. Parkinson
5.4 CITY-ST-ZIP	1115 S.E. 6th Street
5.5 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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; 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:

Howard H. Lawn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard H. Lawn

5/3/96

305-933-0600

Date

Daytime Phone

CR2E034 (12/95)