

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M02830** (1)

1. Corporation Name

DANIEL N. WEINGRAD, M.D., P.A.



Principal Place of Business

**1500 BRICKELL AVE. STE 1
SUITE 1
MIAMI FL 33129**

Mailing Address

**1500 BRICKELL AVE. STE 1
SUITE 1
MIAMI FL 33129**

2. Principal Place of Business

21 **10021 S.W. 63 Ave**

2a. Mailing Address

26 **10021 SW 63 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Miami FL**

27 City & State

28 **Miami FL**

Zip

Country

24 **33156-3327**

25 **USA**

Zip

Country

29 **33156-3327**

30 **USA**

9. Name and Address of Current Registered Agent

**KLEIN, BRENT D.
801 BRICKELL AVENUE
SUITE #1901
MIAMI FL 33131**

3. Date Incorporated or Qualified

08/01/1984

3a. Date of Last Report

04/28/1995

4. FET Number

59-2430554

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

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 then, if applicable,

(NOTE: Registered Agent signature required when not returning

DATE

12. OFFICERS AND DIRECTORS

TITLE **DR** ☐ DELETE
NAME **WEINGRAD, DANIEL N., MD**
STREET ADDRESS **1500 BRICKELL AVE. S 1**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

**10021 S.W. 63 Ave
Miami, FL 33156-3327**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Daniel N. Weingrad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96 (305) 535-2170
Date Daytime Phone #

CR2E034 (12/95)