

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 # **M07894** (2)

1. Corporation Name

PAUL G. FISHBEIN, M.D., P.A.



Principal Place of Business

Mailing Address

**C/O PAUL G. FISHBEIN
8950 N. KENDALL DR #306
MIAMI FL 33176**

**C/O PAUL G. FISHBEIN
8950 N. KENDALL DR #306
MIAMI FL 33176**

3. Date Incorporated or Qualified

11/15/1984

3a. Date of Last Report

04/13/1995

4. FEI Number

59-2465800

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHBEIN, PAUL G.
8950 N. KENDALL DR #306
MIAMI FL 33176**

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 607.1503, 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, if not applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	DP FISHBEIN, PAUL G. 8950 N. KENDALL DR #306 MIAMI FL	☐ DELETE
12.2	STREET ADDRESS		
12.3	CITY - ST - ZIP		
12.4	TITLE		☐ DELETE
12.5	NAME		
12.6	STREET ADDRESS		
12.7	CITY - ST - ZIP		
12.8	TITLE		☐ DELETE
12.9	NAME		
12.10	STREET ADDRESS		
12.11	CITY - ST - ZIP		
12.12	TITLE		☐ DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY - ST - ZIP		
12.16	TITLE		☐ DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY - ST - ZIP		
12.20	TITLE		☐ DELETE
12.21	NAME		
12.22	STREET ADDRESS		
12.23	CITY - ST - ZIP		
12.24	TITLE		☐ DELETE
12.25	NAME		
12.26	STREET ADDRESS		
12.27	CITY - ST - ZIP		
12.28	TITLE		☐ DELETE
12.29	NAME		
12.30	STREET ADDRESS		
12.31	CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY - ST - ZIP	
13.5	TITLE	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY - ST - ZIP	
13.9	TITLE	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY - ST - ZIP	
13.13	TITLE	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY - ST - ZIP	
13.17	TITLE	☐ Change ☐ Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY - ST - ZIP	
13.21	TITLE	☐ Change ☐ Addition
13.22	NAME	
13.23	STREET ADDRESS	
13.24	CITY - ST - ZIP	
13.25	TITLE	☐ Change ☐ Addition
13.26	NAME	
13.27	STREET ADDRESS	
13.28	CITY - ST - ZIP	
13.29	TITLE	☐ Change ☐ Addition
13.30	NAME	
13.31	STREET ADDRESS	
13.32	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL G. FISHBEIN MD

1/1/96

305-595-2710

Date

Daytime Phone #

CR2E034 (12/95)