SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # M1725

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APPROVEU

98 DEC -2 PM 4: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 1. Corporatio | on Name | 1911730 | ,, | (4) | | | | | | |
|--|------------------------------------|--|----------------------------------|---|--|--|---|-------------------|--|-------------------------|
| DAVID F | HOCHBERG | ER, M.D., F.A. | C.O.G., P. | .Α. | | | <u>{</u> | | | |
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| Principal Plac | ce of Business | | Maili | ng Address | | | | B HBIH BUBUH BIRI | E 070% 91011 6 56% 91711 10 | H |
| 1801 UNIVERSITY DR. STE 201 1801 UNIVERSITY DR. STE 201 | | | | | 201 | | | | - A-173 | 2. 2 |
| CORAL SPRINGS FL 33071-8929 CORAL SPRINGS FL 33071-8929 | | | | | | | REINSTATEN | TENT | 474 | 5 4 , |
| 1 | [| | · | | | | JALINU IDDANOTAKRIT | | PACE - | |
| | 1 | | | | | | 3. Date Incorporated or Qualified | | , | |
| | <u> </u> | | <u>-</u> | | | | 07/01/1985 | | | |
| | 2. Principal Place of Business | | | 2a. Mailing Address | | | 4. FEI Number | | Applied For | _ |
| Suite, Apt. #, etc. | | | | 26 Suite A-4 # 010 | | | 59-2542943 | | Not Applicat | le |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| City & Stat | to | · · <u> · · · · · · · · · · · · ·</u> | | ity & State | | | | · · <u>-</u> · | | |
| 23 | | | 28 | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| Zip | L. | Country | | ip | Cour | try | 8. This corporation owes or has pa | | | ļ |
| 24 | 2 | | 29 | | 30 | | Personal Property Tax due June | | Yes No | <u>_</u> |
| | | nd Address of Curr | ent Register | red Agent | | | 10. Name and Address of New Re | gistered Ag | jent | |
| | CHBERGER, D | | | | | B1 Name | | | | |
| 1801 UNIVERSITY DR. STE 201 | | | | | | | Address (P.O. Box Number is Not Acceptable) | | | |
| CORAL SPRINGS FL 33065 | | | | | | 33} | | | | |
| | | | | | ļ | | | | | _ |
| | | | | | | 34 City | | FL | 85 Zip Code | |
| 11. Pursuant | t to the provisio | ns of sections 607.05 | 02 and 607. | 1508, Florida Statute | s, the abo | ve-named co | rporation submits this statement for the purp | | iging its registered | |
| office or agent. I | registered age am familiar with | nt, or both, in the Sta n, and accept the obl | te of Florida. Igations of, s | Such change was a ection 607.0505, Flo | utnorized rida Statu | by the corpo tes. | rporation submits this statement for the purpration's board of directors. I hereby accept | the appoints | nent as registered | |
| SIGNATURE | | VIII) | kan | ーー カ | AVI |) HO | CABENCEN. | 11/30 | 148 | |
| Signature, typed or partial name of registered agent and title if applica | | | | | | | | | | |
| | | | | <u> </u> | | d Agent signature | required when reinstating) | DATE | | ⊸ ⊛ |
| 12, | | OFFICERS A | | ORS | 13. | | required when reinstating) ADDITIONS/CHANGES TO OFF! | CERS AND | | 2/98) |
| TILE | DP | OFFICERS A | | <u> </u> | 13. | E | ADDITIONS/CHANGES TO OFFI | | Change Addition | ₹ (5/98) |
| TITLE Name | DP HOCHBERG | OFFICERS A | | ORS | 13. 1.1 TITL 1,2 NAM | E E | ADDITIONS/CHANGES TO OFFI | 7053 | Change Addition | UJ ≝ :034 (5/98) |
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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 actives.

SIGNATURE:

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP