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

NAME

STREET ADDRESS

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City-ST-ZIP

FILED **PROFIT** Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # M32551 IRA POSNER, M.D., P.A. Principal Place of Business Mailing Address LUNDAY & SHACTER. PA % LUNDY & SHACTER PA 150 NW 168TH STREET SUITE 300 NORTH MIAM BEACH FL 33168-6086 150 MW 1687H STREET SUITE 300 NORTH MIAMI BEACH FL 33168 6086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1986 Principal Place of Business 3080 N 34 2a. Mailing Address 4. FEI Number Applied For Jowe 26 59-2485851 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 28 **Trust Fund Contribution** Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POSNER, JRÁ osne 150 N.W. 1687H STREET 82 Street 2ND FLOOR NORTH MIAMHBEACH FL 33168 83 wood 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, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1 1 TITLE rosner POSNER. IRA NAME 1.2 NAME N344WS 150 NW 1687H ST STREET ADDRESS 1.3 STREET ADDRESS NO. MAMI BEACH FL CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE TITLE Change 2.1 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP ... DELETE TITLE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TOLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change Addition 6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental angual report is true and accordate 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 received 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 attact priority with an address.

6.3 STREET ADDRESS