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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M41267** (9)

1. Corporation Name
KENDALL OAKS PROFESSIONAL CENTER, INC.



Principal Place of Business
**6401 SW 87 AVE
STE 210
MIAMI FL 33173
US**

Mailing Address
**6401 SW 87 AVE
SUITE 210
MIAMI FL 33173-2588
US**

3. Date Incorporated or Qualified **11/06/1986** 3a. Date of Last Report **01/24/1986**

2. Principal Place of Business
21
26
Suite, Apt. #, etc.

4. FEI Number **59-2745328** Applied For
Not Applicable

22
27
City & State

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

23
28
City & State

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

24
25
29
30
Zip Country

6. 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

**DEDDY, LAWRENCE T
11010 N KENDALL DR
STE 200
MIAMI FL 33176**

81 Name **LAURIE P. EVANS**
82 Street Address (P.O. Box Number is Not Acceptable) **328 MINORCA AVENUE**
83
84 City **CORAL GABLES FL** 85 Zip Code **33134**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **2-3-97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|-----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEDDY, LAWRENCE T. | |
| STREET ADDRESS | 7775 SW 87 AVE | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | MCKEAN, RANDOLPH A | |
| STREET ADDRESS | 6401 SW 87TH AVE 210 | |
| CITY - ST - ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|---------------------|-------------------------------------|--|
| 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 | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MCKEAN, RANDOLPH A. | |
| 2.3 STREET ADDRESS | 6401 S.W. 87TH AVE - STE 210 | |
| 2.4 CITY - ST - ZIP | MIAMI, FL 33173 | |
| 3.1 TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | HOWARD B. DAVIDOW | |
| 3.3 STREET ADDRESS | 8910 S.W. 108TH STREET | |
| 3.4 CITY - ST - ZIP | MIAMI, FL 33176-3732 | |
| 4.1 TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | BEN SCHWARTZ | |
| 4.3 STREET ADDRESS | 5480 S.W. 94TH TERRACE | |
| 4.4 CITY - ST - ZIP | MIAMI, FL 33156 | |
| 5.1 TITLE | DVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | JAMES W. KEEN | |
| 5.3 STREET ADDRESS | 14945 N.W. 25TH COURT | |
| 5.4 CITY - ST - ZIP | MIAMI, FL 33054 | |
| 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 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 address.

SIGNATURE: *[Signature]* **HOWARD B. DAVIDOW** DATE: **JAN 27, 1997** DAYTIME PHONE: **305-595-7222**

CR2E034 (9/96)