


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90012 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M55951 ✓
 1. Corporation Name
MICHAEL S. HIRSCH D.O., P.A.

Principal Place of Business C/O MICHAEL S. HIRSCH 941 S.W. 115TH AVE. PEMBROKE PINES FL 33025	Mailing Address C/O MICHAEL S. HIRSCH 941 S.W. 115TH AVE. PEMBROKE PINES FL 33025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 601 N. Flamingo Road Suite, Apt. #, etc. 22 Suite 103 City & State 23 Pembroke Pines, FL Zip 24 33028	2a. Mailing Address 26 601 N. Flamingo Road Suite, Apt. #, etc. 27 Suite 103 City & State 28 Pembroke Pines, FL Zip 29 33028
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3. Date Incorporated or Qualified 07/22/1987	4. FEI Number 59-2820946	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HIRSCH, MICHAEL S.
941 S.W. 115TH AVE.
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name Michael S. Hirsch
82 Street Address (P.O. Box Number is Not Acceptable) 601 N. Flamingo Road
83 Suite 103
84 City Pembroke Pines FL 85 Zip Code 33028

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME HIRSCH, MICHAEL S.	
STREET ADDRESS 941 S.W. 115TH AVE.	
CITY-ST-ZIP PEMBROKE PINES 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 12750 Sw 33rd Drive	
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33330	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Michael S. Hirsch Date: 7/15/99

CR2E034 (5/99)

593754-90012-10
M55951



MICHAEL S. HIRSCH, D.O., PA.
Diplomate - American Osteopathic Board of Family Physicians

601 N. Flamingo Rd., Suite 103
Pembroke Pines, FL 33028
Telephone: (305) 432-1485
Fax: (305) 433-0850

July 15, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporate Annual Report

Dear Sirs:

I did not receive the first notice for the filing of the corporate annual report. This is the first notice I have received (the 2nd notice).

Please accept my check for \$150.00 since I did not receive the first notice. Thank you very much for your consideration in this matter.

Very truly yours,

Michael S. Hirsch