


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1993 JAN 14 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997-98		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002356 (1)**

1. Corporation Name

AVENTURA - MIAMI HEART INSTITUTE PHYSICIAN ALLIANCE, INC.

Principal Place of Business

Mailing Address

**20900 BISCAYNE BLVD. AVENTURA MEDICAL CNTR
AVENTURA FL 33180**

**20900 BISCAYNE BLVD. AVENTURA MEDICAL CNTR
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 4101 S. Hospital Drive

2a. Mailing Address

26 4101 S. Hospital Drive

4. FEI Number

65-0788365

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

22 Ste 11

Suite, Apt. #, etc.

27 Suite 11

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Plantation FL

City & State

28 Plantation FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 33317

Country

25 USA

Zip

29 33317

Country

30 USA

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRELL, JAMES A
250 SO. AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Suite 500

83

250 Australian Ave. S.

84 City

W. Palm Beach

FL

85 Zip Code

33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **President/Director**

STREET ADDRESS **Jeff Levy MD**

CITY-ST-ZIP **4101 S. Hospital Drive Ste 11**

Plantation FL 33317

TITLE ☐ DELETE

NAME **Vice President/Director**

STREET ADDRESS **William Shaw MD**

CITY-ST-ZIP **4101 S. Hospital Drive Ste 11**

Plantation, FL 33317

TITLE ☐ DELETE

NAME **Treasurer/Director**

STREET ADDRESS **Ivan Jonas, MD**

CITY-ST-ZIP **4101 S. Hospital Drive Ste 11**

Plantation, FL 33317

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6000002407866-3

01/22/98-01005-001

*****297.50 ***297.50**

REINSTATEMENT

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **JEFF LEVY** SIGNATURE **IVAN JONAS**

984-321-2525

CP2E037 (4/97)