

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 MAY -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000005238 (9)

1. Corporation Name

FORT LAUDERDALE MEDICAL ASSOCIATES, P.A.

Principal Place of Business

**1555 E. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33304**

Mailing Address

**1555 E. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/22/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0382050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAFF, ALAN
3081 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

81 Name

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

83

84 City

FL

85

Zip Code

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, typed or printed name of registered agent and life of corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BRATT, IRVIN M	1.2 NAME	Bratt, Irving M.
STREET ADDRESS	1555 E OAKLAND PARK BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAFF, ALAN M	2.2 NAME	
STREET ADDRESS	3081 E COMMERCIAL BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	CCCOUGHLIN, CONOR	3.2 NAME	McLoughlin, Conor
STREET ADDRESS	328 HILLSBORO BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	MCCOUGHLIN, CONOR	4.2 NAME	
STREET ADDRESS	328 E HILLSBORO BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	VP
STREET ADDRESS		5.3 STREET ADDRESS	Berman, Leonard I., MD
CITY - ST - ZIP		5.4 CITY - ST - ZIP	550 S.W. 3rd Street, #108
TITLE		6.1 TITLE	Pompano Beach, FL 33060
NAME		6.2 NAME	☐ Change ☒ Addition
STREET ADDRESS		6.3 STREET ADDRESS	VP
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Karl S. Brot, MD
			1749 N.E. 26 Street #E
			Ft. Lauderdale, FL 33305

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE