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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000005238 (9)

FORT LAUDERDALE MEDICAL ASSOCIATES, P.A.											
Principal Place o	of Business	Μ.	aling Address	, ,					1 BOILL BELLI OF	181 BIJIN III	200 (110) (01) (00)
1555 E. OAKLAND PARK BLVD. 1555 E. OAKL			1555 E. OAKLAND PA FT LAUDERDALE FL 3								
								3. Date Incorporated or Qualified 01/22/1993	3a. Date	of Last F 5/01/19	
2. Principal Plac	e of Business	2a.	, Maring Address					4. FEI Number			Applied For
21			26				65-0382050	Not Applicable \$8.75 Additional			
Suite, Apt #	, etc	27	Suite, Apt. #, etc.					5. Cert ficate of Status Desired			5 Additional Required
City & State			City & State			· · · · ·	6. Election Campaign Financing)0 May Be	
23		28						Trust Fund Contribution			ed to Fees
Zip Country		L-,	Zip Cou						pration has liability for intangible tax under sil 199.03 atutes in the Tyes in No		
24	25 g. Name and Address of Curren	29 Pagis	tered Agent	30	T · · ·			Florida Statutes Yes 10. Name and Address of New F		Agent	
	g. Name and Address of Current	. ricgis	stered Agent		81	Name		TO, Traine and Address of New 1	iogistored :	-go	
GRAFF.	A! AN							(F) () Floor Al control in Alich Accounts	alas		
	COMMERCIAL BLVD.				82	Street	Addres	SS (P.O. Box Number is Not Acceptat	неј		
	UDERDALE FL 33308				83						
					84	City				85 2	/ip Code
						,			FL	,	
or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Fioric n and accept the obligations of, Secti	L. Sud	h change was authoriz	ed by the	corp.	iamed c prabon's	orporal boaru	ion submits this statement for the puriof directors. Thereby accept the app	rpose of cha rointment as	inging its registere	registered office d agent. Lain:
SIGNATURE _	.,								The con-		
12.	OFFICERS AND			11 Rajaden 13.		l sajnet de	fe joinel v	ADDITIONS/CHANGES TO OFF	DAN.	OIREC1	ORS IN 12
TITLE	P	. / [/ 11 11 1	DELETE		TITLE		VP			Change	
NAME	BRATT, IRVING M			121	MAMÉ		' '				
STREET ADDRESS	1555 E OAKLAND PARK BLV	/D		133	STREET	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL			1.4	Offy - S	1 - 212					
TITLE	VP		□ DELFTE	2 1	HILE		P		1	Change	Addition
NAME.	GRAFF, ALAN M			22	NAME						1
STREET ADDRESS	3061 E COMMERCIAL BLVD			2.3	STREEL	ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL		FTI OF FXC		CITY S	1-716				7.05	
TITLE	ST CONCURRENCE CONCOR		[] DEFELE		THTLE		İ		L	Change	Addition
NAME	MCLOUGHLIN, CONOR 328 HILLSBOROBLVD				NAME	LEDOCAL					
STREET ADDRESS	FT LAUDERDALE FL					LADDRESS	1				
CITY-ST-ZIP TITLE	ST ST		DELETE	Add 100	CHIY-S TITLE	11 · Z·F	·¦			Change	Addition
NAME	MCCOUGHLIN, CONOR				NAME		ĺ.		•		
STREET AODRESS	328 E HILLSBORO BLVD					ADDRESS					
CHY-SI-ZIP	FT LAUDERDALE FL				CHTY - S						
TITLE	VP		DELETE		TIT. F		1			Change	e 🔲 Addition
NAME	BERMAN, LEONARD I M.D.			5.2	NAME.		1				
STREET ADDRESS	550 S.W. 3RD STREET, #10	8		5.3	SIKEET	ADDRESS	1			_	
CiTY - ST - ZiF	POMPANO BEACH FL			5.4	CHY-S	1 - 21+					<u> </u>
TITLE	VP		DELETE	6.1	THE				[Change	Addition
NAME	Brot, Karl S M.D.			€2	NAME						
STREET ADDRESS	1749 N.E. 26 STREET #E			6.3	STHEFT	ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL			€4	C-1Y - 5	ST - ZIF	1				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and close not qualify for the exemption stated in Section 119.07(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 13 if changed open in attaching it with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/30/96 954-565-9764

CR2E034 (12/95)

F	ILE NOW: FILING FEE	AFTER MAY 1	IS \$2	25.00	~ O ~		_
•	PROFIT	G FLORIDA DE			- Pige 2		1.2
	CORPORATION		ra B. Morth	· -		1	
ļ• Aī	NUAL REPORT	etary of Sta					
	1996	DIVISION C	F CORPO	RATIONS			
חסכ	UMENT # P9300 0	2005220 /	<u> </u>				
1. Согро	ration Name	0005238 (9)				
FO	RT LAUDERDALE MEDICAL ASS	SOCIATES, P.A.					
					I HERITER ARE AREA LINE DEIN BRIN	A REILL BELLE BRIEL AIM THE	E 1188+ (Pri 188)
Principal I	Place of Business						
	CAKLAND PARK BLYD.	Mailing Address					
FT LAU	DERDALE FL 33334	1555 E. OAKLAND P FT LAUDERDALE FL	ARK BLVD.				
		SIGNETIBILE PE	33334				
<u> </u>					3. Date Incorporated or Qualified	3a. Date of ==	
2. Princip	at Place of Business	2a. Mailing Address			01/22/1993 4. FEI Number	05/01:39	
21 Suite	Apt. #, etc.	26			65-0382050		optied for ot App cable
22	ημι. w, dtC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ 0: -3	Additional
City &	State	City & State				- ₁₄ -	equired
23		28			Election Campaign Financing Trust Fund Contribution	1 1	May Be
Zip 24	Country 25	Zip	_ 00	intry	8. This corporation has liability for i		to Fees
	9. Name and Address of Current F	29 Registered Agent	30	 	Florida Statutes Yes	□ No	35.032.
_	· ·	- gont		81 Name	10. Name and Address of New R	egistered Agen:	
	FF, ALAN			82 Street Add	(DO D. N.)		
	1 E. COMMERCIAL BLVD.				ress (P.O. Box Number is Not Acceptable	e)	
FORT LAUDERDALE FL 33308				83		·	
				84 City		85 Is	Code
11. Pursu	ant to the provisions of Sections 607.0502 ar stered agent, or both, in the State of Florida. It with, and accept the obligations of Section	nd 607.1508, Florida Statut	es, the abo	ve-named corpor	ration or three states and the		
familia	stered agent, or both, in the State of Florida. r with, and accept the obligations of, Section	Such change was authoriz 607.0505, Florida Statutes	ed by the o	corporation's boa	rd of directors. I hereby accept the appo	oose of changing its re intment as registered	gistered office agent. I am
SIGNATUR	Signature. Typed or printed name of registered agent and	·····					
12.	OFFICERS AND D		OTE: Registered	Agent signature require		DATE	
TITLE		DELETE	1.17	TLE	ADDITIONS/CHANGES TO OFFI		
NAME STREET ADORS	_			ME	·	☐ Charge	Addition
CITY-ST-ZIP	FT LAUDERDALE FL	FT LAUDEDDALE EL					[8
TITLE	VP			TY-ST-ZIP		<u></u>	C) Addition
NAME	Howard S. Khani	Portrit	2.1 Ti 2.2 NA		-	☐ Charge	Addition C
STREET ADORE	ST LAUDERDALE FL Street						
CITY-ST-ZIP				REET ADDRESS			
NAME	VP	☐ DELETE	3. 1 Tr	ILE		Change	Addition
STREET ADORE	Stephen White, DO) 	3.2 NA	i			
CITY-ST-ZIP	FT LAUDERDALE FL			REET ADDRESS	•		
TITLE		DELETE	4. 1 Til	Y-ST-ZIP			
NAME STREET ADOOS	TAEMES WILKENS	100	4 2 NA		-	Change	☐ Addition
street adore: City-St-Zip	100			EET ADDRESS			
TITLE	VP	. DELETE		Y-ST-ZIP			•
NAME	BERMAN, LEONARD I M.D.	☐ pereig	5. 1 TIT 5.2 NAJ			☐ Change	Addition
STREET ADDRES	ET ADDRESS 550 S.W. 3RD STREET, #108			EET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL	<u> </u>	- 1	r-ST-ZIP			
TITLE Name	VP CADI CALD	☐ DELETE	6 1 Trī			Change	Addition
TREET ADORES	BROT, KARL S M.D. 1749 N.E. 26 STREET #E			AE .		C outribe	- radiilosi
CITY-ST-ZIP	FT LAUDERDALF FI			EET ADDRESS			
14. I do her	ohy costifu that the information	this filing is voluntarily furne		-ST-ZIP	r the even the second		
Oath; th	hat the information indicated on this annual real the information indicated on this annual real t arn an officer or director of the corporations in Block 12 or Block 13 if changed, or on ar	port or supplemental annum or the receiver or trustee	al report is	true and accurate	e and that my signature shall have the sa	7(3)(k), Florida Statute ime legal effect ±s fir	s. I further made under
arshest.	on Block 12 or Block 13 if changed, or on ar	attachment with an addre	ess.	a to overeig itils	report as required by Chapter 607, Flori	da Statutes, and mat	my name

SIGNATURE: