

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000005238 (9)

1. Corporation Name

FORT LAUDERDALE MEDICAL ASSOCIATES, P.A.

Principal Place of Business  
1555 E. OAKLAND PARK BLVD.  
FT LAUDERDALE FL 33334

Mailing Address  
1555 E. OAKLAND PARK BLVD.  
FT LAUDERDALE FL 33334-4424



3. Date Incorporated or Qualified 01/22/1993		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0382050		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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		9. Name and Address of Current Registered Agent GRAFF, ALAN 3061 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 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	VP	1.1 TITLE	VP
NAME	BRATT, IRVING M	1.2 NAME	Howard Khan, DO
STREET ADDRESS	1555 E OAKLAND PARK BLVD	1.3 STREET ADDRESS	2140 NE 26th St
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33305-6
TITLE	P	2.1 TITLE	VP
NAME	GRAFF, ALAN M	2.2 NAME	Steven White
STREET ADDRESS	3061 E COMMERCIAL BLVD	2.3 STREET ADDRESS	3061 E Commercial Blvd
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	ST	3.1 TITLE	
NAME	MCCLOUGHLIN, CONOR	3.2 NAME	
STREET ADDRESS	328 HILLSBORO BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	VP
NAME	BERMAN, LEONARD I M.D.	4.2 NAME	Berman Leonard I M.D.
STREET ADDRESS	550 S.W. 3RD STREET, #108	4.3 STREET ADDRESS	3880 Coconut Creek Parkway #300
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	VP	5.1 TITLE	
NAME	BROT, KARL S M.D.	5.2 NAME	
STREET ADDRESS	1749 N.E. 28 STREET #E	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	VP
NAME		6.2 NAME	James Wilkens
STREET ADDRESS		6.3 STREET ADDRESS	3880 Coconut Creek Parkway #200
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coconut Creek FL 33066

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date

954-491-0031

Daytime Phone #

CR2E034 (9/96)