

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 24 1997 8:00am  
Secretary of State

DOCUMENT # P93000043752 (3)

1. Corporation Name  
SOUTH FLORIDA MEDICAL RESEARCH CO.



Principal Place of Business

12900 NE 17TH AVENUE  
SUITE 301  
NORTH MIAMI FL 33181

Mailing Address

12900 NE 17TH AVENUE  
SUITE 301  
NORTH MIAMI FL 33181-2058

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

21 21150 BISCAYNE BLVD

Suite, Apt. #, etc

22 Ste # 300

City & State

23 AVENTURA, FLA.

Zip

24 33180

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 AVENTURA, FLA.

Zip

29 33180

Country

4. FEI Number

65-0427988

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE FL 32301

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

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

MARC GITTELMAN M.D.

1/20/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME  
GITTELMAN, MARC M D.  
STREET ADDRESS  
12900 NE 17TH AVENUE #301  
CITY - ST - ZIP  
NORTH MIAMI FL

TITLE ☐ DELETE

D  
NAME  
WINTON, LAWRENCE MD  
STREET ADDRESS  
12900 NE 17TH AVENUE #301  
CITY - ST - ZIP  
NORTH MIAMI FL 33181

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

Date

Daytime Phone #

0248004

CR2E034 (9/96)