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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000046840 (3) DOCUMENT #

HOWARD F. SUSSMAN, M.D., P.A. Principal Place of Business Mailing Address 100 NW 170TH ST **ADMINISTRATIVE OFFICE** PKWY REG. MEDICAL CTR 160 N.W. 170TH ST SUITE 405 NORTH MIAMI BEACH FL 33169 DO NOT WRITE IN THIS SPACE N MIAMI BEACH FL 33169 3. Date Incorporated or Qualified 07/02/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Office 100 NW170+L SY Administrative 65-0088313 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Med Kn / CHR Skite 405 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be BCA. FL No MIANI MIAMI Ach Trust Fund Contribution Added to Fees Country Country 33169 8. This corporation owes or has paid the current year Intangible US Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SUSSMAN, HOWARD F M.D. Name 160 NORTHWEST 170TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI BEACH FL 33169** 83 84 City 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 reg stered 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 printed name of registry of agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME SUSSMAN, HOWARD F MD 1.2 NAME 160 N.W. 170TH STREET PRKWY. MED. CNTR. STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL 33169** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 or an expression of the control of the co

SIGNATURE:

CITY-ST-ZIP

3/14/98

FILED

Mar 26 1998 8:00am

Secretary of State

CR2E034