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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000048977 (1)

Principal Place of Business Mailing Address 1960 N.E. 47TH ST. 1960 N.E. 47TH ST. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308

FILED Mar 10 1998 8:00am Secretary of State

LEONARD J. SEIGEL, M.D., P.A. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3195860 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apl #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Z(t)Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LAVENDER, JOEL R 507 SE 11TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33316 84 City Zip Code 85 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 requirement agent and title it applicable (NO16 Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition SEIGEL, LEONARD J NAME 1.2 NAME 1960 N.E. 47TH ST. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33308 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAMÉ 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME **6.3 STREET ADDRESS**

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 attachment with an address.

MEONARD J. SEIGEZ 1/20/98 954-771-5261 SIGNATURE: X