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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000051625 (0)

## AVENTURA MEDICAL PLAZA, INC.

Country

9. Name and Address of Current Registered Agent

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Mailing Address

2a. Mailing Address

City & State

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21110 BISCAYNE BLVD SUITE 100-A AVENTURA FL 33160 US

2. Principal Place of Business

LOBEL, DOUGLAS J

Suite, Apt. #, etc.

City & State

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Principal Place of Business

21110 BISCAYNE BLVD SUITE 110-A AVENTURA FL 33180 US

Suite, Apt. #, etc.

3a. Date of Last Report 3. Date Incorporated or Qualified 04/03/1995 07/23/1993 Applied For Not Applicable 59-3198619 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

**FILED** 

Secretary of State

Apr 23 1996 8:00 am

85 Zip Code

21110 BISCAYNE BLVD.
SUITE 100-A
AVENTURA FL 33180

B4 City

FL

Place and to the provisions of Sections 607,0502 and 607,1508, Florida Statutes the above named corporation submits this statement for the purpose of charges as

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 607.0506, Florida Statutes.

Country

81 Name

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SIGNATURE .	ignotions, typical or printed many or all my object accounts of the eff apply about	†≠r't Fα	spoto out Apost a por de 164 pios	Awier mindleng) DATI	ND DIDECTOR	DC INI 12	(12/95)
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		Addition	2
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CITY-ST-ZIP	1		ad and door not qualify	for the exemption stated in Section 119.07(3)(kg	(). Florida Statu	ites. I furth <b>er/U</b> ∿	/

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further that the information indicated for this and prifer port or supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated for this and prifer port or supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated for this applient or true receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if organized or this in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER

4/16/96 (305)682