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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071895

DAVID S. HOFFMAN, M.D., P.A.

Mailing Address Principal Place of Business 7900 SW 57TH AVE 7900 SW 57TH AVE. SUITE 21 SUITE 21 MIAMI FL 33143 MIAMI FL 33143 US US 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 22 City & State City & State 28 23 Country Country Zip 30 29 24

FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90035 008 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

□No

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

10/11/1993

65-0446985

4. FEI Number

Name and Address of Current Registered Agent				10. Name and Address of New K	rgistereu r	Agour	
		81	Name				
HOFFMAN, DAVID S MD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
				A MARKET AND A STATE OF THE STA	والمقداد والإنقاد		444 1 2 2 2
MAM	11 FL 33143	83					
		-	1 0%			85 Zip C	ode
		84	City		FL		
I Durayont	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes	s, the abov	e-named co	rporation submits this statement for the	ourpose of o	changing its	egistered
				tion's board of directors. I hereby accep-	the appoir	itment as reg	istered
agent. I ar	n familia with, and accept the colligations of, section 607.0005, Floric		<i>"</i> \cap		1-17	-99	
SIGNATURE	Signature, typed or planted name of registered agent and title if applicable. (NOTE: F	Registered Age	ent signature requ	ired when reinstating),	DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TILE	DELETE	1.1 TITLE		1.6.2 \$15.50		☐ Change	Addition Addition
1	HOFFMAN, DAVID S MD	1.2 NAME					
IAME	7900 SW 57TH AVE.	1.3 STREET ADDRESS					
TREET ADDRESS	MIAMI FL 33143	1.4 CITY-ST-ZIP					
ITY-ST-ZIP	MIAMI PL 33143	2.1 TITLE	-			Change	Addition
TILE		2.2 NAME				•	
IAME . ^	**		ET ADDRESS	•			• • • • • • • • • • • • • • • • • • • •
STREET ADDRESS		2.4 CITY-				•	
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NAME			ET ADDRESS			•	
STREET ADDRESS			`1	*			
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NAME		53 STRE	ET ADDRESS				
STREET ADDRESS		5.4 CITY-					
CITY-ST-ZIP	DELETE	6.1 TITLE				Change	☐ Additio
TITLE	was the state of	6.2 NAME					
NAME		•=	ET ADDRESS		,		
STREET ADDRESS		6.4 CITY			-		
CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for			O via 440 07/2/// Elecido Statutos	1 front an an	tifu that the i	nformation

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0). 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 perpetation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

305-662-3981

Davtime Phone #

CR2E034 (11/98)