

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000075599 (9)**

1. Corporation Name

HOWARD B. WEITZNER M.D., INC.



Principal Place of Business

**6729 NW 29TH WAY
FT LAUDERDALE FL 33309**

Mailing Address

**6729 NW 29TH WAY
FT LAUDERDALE FL 33309**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/02/1993

3a. Date of Last Report

03/10/1995

4. FEI Number

65-0453072

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$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

**WEITZNER, HOWARD B
6729 NW 29TH WAY
FT LAUDERDALE FL 33309**

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

Signature of the person making this statement of registered agent. If none, then applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE **D** ☐ DELETE
2. NAME **WEITZNER, HOWARD B**
3. STREET ADDRESS **6729 NW 29TH WAY**
4. CITY-ST-ZIP **FT LAUDERDALE FL 33309**
5. TITLE ☐ DELETE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE ☐ DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ DELETE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP
5. 5. TITLE ☐ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-ST-ZIP
9. 9. TITLE ☐ Change ☐ Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-ST-ZIP
13. 13. TITLE ☐ Change ☐ Addition
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-ST-ZIP
17. 17. TITLE ☐ Change ☐ Addition
18. 18. NAME
19. 19. STREET ADDRESS
20. 20. CITY-ST-ZIP

14. I do 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 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: *Howard B. Weitzner* **HOWARD B. WEITZNER, M.D.** 2/3/96 954-970-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)