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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

~~6720 NW 28TH WAY  
FT LAUDERDALE FL 33308~~

~~6720 NW 28TH WAY  
FT LAUDERDALE FL 33308-1371~~

10619 WEST ATLANTIC BLVD  
# 311, CORAL SPRINGS, FL 33071

10619 WEST ATLANTIC BLVD  
# 311, CORAL SPRINGS, FL 33071

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEITZNER, HOWARD B

~~6720 NW 28TH WAY~~

~~FT LAUDERDALE FL 33308~~

10619 WEST ATLANTIC BLVD  
SUITE #311  
CORAL SPRINGS, FL 33071

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

*Howard B. Weitzner M.D.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WEITZNER, HOWARD B  
CITY-ST-ZIP ~~6720 NW 28TH WAY~~ 10619 WEST ATLANTIC  
FT LAUDERDALE FL 33308 BLVD. # 311

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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.

SIGNATURE: *Howard B. Weitzner M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97  
Date

954-340-9054  
Daytime Phone #

CR2E034 (9/96)