

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 # P94000011065 (7)

1. Corporation Name

ENDOCENTER CORP.



Principal Place of Business

Mailing Address

6280 SUNSET DR.
SUITE 600
S. MIAMI FL 33143

6280 SUNSET DR.
SUITE 600
S. MIAMI FL 33143

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/10/1994

3a. Date of Last Report

02/10/1995

4. FEI Number

65-0486712

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

STOPEK, SETH
PROFESSIONAL REGISTERED AGENT CORP.
100 S.E. 2 ST., SUITE 2800
MIAMI FL 33131

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, typed or printed name of registered agent and the 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

1.1 TITLE ☐ Change ☐ Addition

NAME: D
GOLDBERG, HARRIS I M.D.
STREET ADDRESS: 5871 S.W. 91ST ST.
CITY-STATE-ZIP: MIAMI FL 33156

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME: D
LEDERHANDLER, MARC M.D.
STREET ADDRESS: 7440 S.W. 106TH ST.
CITY-STATE-ZIP: MIAMI FL 33156

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME: D
KAFKA, EUGENE M.D.
STREET ADDRESS: 12101 S.W. 88TH AVE.
CITY-STATE-ZIP: MIAMI FL 33176

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME: D
RICE, THOMAS J M.D.
STREET ADDRESS: 7605 S.W. 160TH TERRACE
CITY-STATE-ZIP: MIAMI FL 33157

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME: D
SCHWARTZ, HOWARD I M.D.
STREET ADDRESS: 8950 N. KENDALL DR.
CITY-STATE-ZIP: MIAMI FL 33156

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME: D
FELSER, FREDERICK S M.D.
STREET ADDRESS: 6280 SUNSET DR.
CITY-STATE-ZIP: MIAMI FL 33143

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/96 305-274-7800

CR2E034 (12/95)