


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

FILED

Jan 23 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000013443 (4)

1. Corporation Name

PRIMARY CARE OF HOLLYWOOD, INC.

Principal Place of Business

750 SOUTH FEDERAL HIGHWAY
BERNARD MILLOFF MEDICAL CENTER
HOLLYWOOD FL 33020

Mailing Address

750 SOUTH FEDERAL HIGHWAY
BERNARD MILLOFF MEDICAL CENTER
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0470026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KLEIN, THEODORE J
16855 N.E. 2ND AVE., SUITE 301
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

Klein, Theodore J

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

88 N.E. 168 Street

83

84 City

N. miami Beach

FL

85 Zip Code

33162

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SILVER, STANLEY M M.D.
750 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
GOLDSTEIN, LEO M.D.
750 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HIRSCH, HENRY D M.D.
750 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
GREENBERG, EDWARD H M.D.
750 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
OXENHANDLER, SCOTT M.D.
750 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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:

✓ *Edward Greenberg MD* 1/6/98

CR2E034 (10/97)