FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:03

DOCUMENT # **P94000023212 (1)**

1. Corporate Name

CENTER FOR CHILDBIRTH AND GYNECOLOGICAL CARE OF SOUTH MIAMI, INC.

Principal Place of Business
12550 BISCAYNE BLVD
PENTHOUSE WEST
NORTH MIAMI FL 33161

Mailing Address
12550 BISCAYNE BLVD
PENTHOUSE WEST
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: 03/22/1994

3a. Date of Last Report:

21 Street Address: 12550 Biscayne Blvd
22 Suite, Apt. #: #705
23 City & State:
24 Zip: 25 County:

2a. Mailing Address
26
27 Suite, Apt. #:
28 City & State:
29 Zip: 30 County:

4. FI Number: 65-0479478 — 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. Does corporation has subject, for delinquent fees under F.S. Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDBERG, NEAL L
1492 SOUTH MIAMI AVE
MIAMI FL 33130

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 Section 607.0505 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Having been duly elected or appointed, the registered agent has agreed to act in this capacity, and the registered agent has agreed to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS AND DIRECTORS

C.D.
Paul S. Light
12500 Biscayne Blvd #705
North Miami, FL 33161
☐ Delete ☐ Add

C.D.
Irving Gottlieb
12500 Biscayne Blvd #705
North Miami, FL 33161
☐ Delete ☐ Add

☐ Delete ☐ Add

☐ Delete ☐ Add

☐ Delete ☐ Add

☐ Delete ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on attached amendment, or on an attached list.

SIGNATURE: Irving Gottlieb Pres 4/21/95 305 949-2711

SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER

0190335 CP