

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 # P94000040139 (5)

1. Corporation Name

AVENTURA PHYSICIAN GROUP, INC.



Principal Place of Business

909 N MIAMI BEACH BLVD
SUITE 302
NORTH MIAMI FL 33162
US

Mailing Address

909 N MIAMI BEACH BLVD
SUITE 302
N. MIAMI BEACH FL 33162
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/27/1994

3a. Date of Last Report

07/05/1995

4. FEI Number

65-0556356

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

10. Name and Address of New Registered Agent

COLEMAN, IRA J
MCDERMOTT WILL & EMERY
201 S. BISCAYNE BLVD., SUITE 2200
MIAMI FL 33131

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 corporation

(NOTE: Registered Agent Signature is required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MOSKOWITZ, JEROME
STREET ADDRESS 909 N MIAMI BEACH BLVD., SUITE 302
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE

NAME GORIN, ENRIQUE
STREET ADDRESS 909 N MIAMI BEACH, FL
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE

NAME LERER, SOL
STREET ADDRESS 909 N MIAMI BEACH BLVD., SUITE 302
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE

NAME WELLEN, MARVIN
STREET ADDRESS 909 N MIAMI BEACH BLVD., SUITE 302
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE

NAME FASS, PAUL
STREET ADDRESS 909 N MIAMI BEACH BLVD, SUITE 302
CITY-ST-ZIP N MIAMI BEACH FL

TITLE D ☐ DELETE

NAME
STREET ADDRESS
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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME MOSKOWITZ

4/2/96

305-949-2491

CR2E034 (12/95)