

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 15 1998 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1994

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COLEMAN, IRA J
MCDERMOTT WILL & EMERY
201 S. BISCAYNE BLVD., SUITE 2200
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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)(f), 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:

IGNA *Sandra B. Mortham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/98

305-949-1021

Date

Daytime Phone #

0227585

CR2E034 (10/97)