

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

150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90007 033 \*\*\*150.00

DOCUMENT # L 05167  
1. Corporation Name  
MEDICAL OFFICES OF SCOTT B HALPERIN  
M.D., P.A.

Mailing Address Principal Place of Business  
7100 W. 20th AVE. 7100 W. 20th AVE.  
SUITE 213 SUITE 213  
HIALEAH, FLORIDA 33016 HIALEAH, FLORIDA 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable  
7100 W. 20th AVE 7100 W. 20th AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
213 213  
City & State City & State  
HIALEAH, FLORIDA HIALEAH, FLORIDA  
Zip 33016 Country USA Zip 33016 Country USA



DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
4. FEI Number 65-0136395 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 the current year Intangible Personal Property Tax. Yes X No  
10. Name and Address of New Registered Agent

SCOTT B. HALPERIN  
7100 W. 20TH AVE  
#213  
HIALEAH FLORIDA 33016

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 NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP  
NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE A-S-T-D  
1.2 NAME SCOTT B HALPERIN  
1.3 STREET ADDRESS 7575 EAGLE RUN LANE  
1.4 CITY-ST-ZIP FT LAUDERDALE FL, 33327  
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 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, with all other like empowered.

SIGNATURE: [Signature] 4/30/99 821-8182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #