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

P94000059818 (2) DOCUMENT # CURTIS HAMBURG, M.D., P.A. Principal Place of Business Mailing Address 8950 NORTH KENDALL DRIVE 8950 NORTH KENDALL DRIVE DO NOT WRITE IN THIS SPACE MIAMI FL 33156 MIAMI FL 33156 US US 3. Date Incorporated or Qualified 08/11/1994 2. Principal Place of Business 2n. Mailing Address Applied For 59-2586675 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zφ Zip Country Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. □ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KRUZWEIL, HOWARD E ESQ. 328 MINORCA AVENUE SECOND FLOOR R2 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change ☐ Addition NAME HAMBURG, CURTIS MD 1.2 NAME 8950 NO. KENDALL DRIVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2#P 2. 4 CITY - ST- ZIP DELETE Change ☐ Addition TITLE 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME HILL STREET ADORESS 4.3 STREET ADDRESS CITY-ST-21P 4.4 CITY-ST-ZIP Addition DELETE 5.1 TITLE Change TITLE 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS A 3 STREET ADDRESS

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. Curits Homburg

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Curtis tomber hes

4-27-98 205-279-4500

FILED

May 12 1998 8:00am

Secretary of State

CR2E034 (10/97)