FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -2 PM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061277 (7)**

1. Corporation Name

JOSEPH H. KLEINMAN M.D., P.A.

Principal Place of Business	Mailing Address
~~7025 TRAVELERS TREE DRIVE~~ ~~BOCA RATON FL 33433~~ 9060 VILLA PORTOFINO CIRCLE BOCA RATON 33496	~~7025 TRAVELERS TREE DRIVE~~ ~~BOCA RATON FL 33433~~ 9060 VILLA PORTOFINO CIRCLE BOCA RATON 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994	3a. Date of Last Report:
2. Principal Place of Business (21)	2a. Mailing Address (26)
4. FEI Number: 650512797	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc (27)
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)
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
~~KLEINMAN, JOSEPH H~~ ~~7025 TRAVELERS TREE DRIVE~~ ~~BOCA RATON FL 33433~~ 9060 VILLA PORTOFINO CIRCLE BOCA RATON 33496	81 Name: KLEINMAN, JOSEPH H 82 Street Address (P.O. Box Number is Not Acceptable): 9060 VILLA PORTOFINO CIRCLE 83 84 City: BOCA RATON FL 85 Zip Code: 33496

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: Joseph H Kleinman MD (PRESIDENT) DATE: 4/12/95
(Signature, (type or print) name of registered agent and, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	KLEINMAN, JOSEPH H	12 NAME	000001473970
STREET ADDRESS	~~7025 TRAVELERS TREE DRIVE~~ 9060 VILLA PORTOFINO CIRCLE	13 STREET ADDRESS	-05/03/95--01148--004
CITY ST ZIP	~~BOCA RATON FL 33433~~ BOCA RATON 33496	14 CITY ST ZIP	****200.00 ****200.00
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Joseph H Kleinman MD (JOSEPH H KLEINMAN MD) 4/12/95 407 391 1728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E012 (1/95) CP