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 # **P94000061277 (7)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
~~9060 VILLA PORTOFINO CIRCLE~~ ~~BOCA RATON FL 33496~~ 3226 NW 65TH ST BOCA RATON FL 33496	~~9060 VILLA PORTOFINO CIRCLE~~ ~~BOCA RATON FL 33496~~ 3226 NW 65TH ST BOCA RATON FL 33496

3. Date Incorporated or Qualified: 08/19/1994	3a. Date of Last Report: 05/02/1995
4. FEI Number: 65-0512797	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3226 NW 65th ST	26 SAME
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON FL	City & State 28
Zip 24 33496	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

KLEINMAN, JOSEPH H
~~9060 VILLA PORTOFINO CIRCLE~~ 3226 NW 65th St.
~~BOCA RATON FL 33496~~ Boca Raton, FL 33496

10. Name and Address of New Registered Agent

81 Name: KLEINMAN, JOSEPH H
82 Street Address (P.O. Box Number is Not Acceptable): 3226 NW 65th ST
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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KLEINMAN, JOSEPH H		1.2 NAME		
STREET ADDRESS	~~9060 VILLA PORTOFINO CIR.~~ 3226 NW 65TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOCA RATON FL 33496~~ BOCA RATON FL 33496		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Joseph H Kleinman MD JOSEPH H KLEINMAN MD 4/27/96 407 9898897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)