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 -1 PM 2:37
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000072312 (9)

1. Corporation Name
ADAM R. SCHIFFMAN, P.A.

Principal Place of Business	Mailing Address
2999 N.E. 191 STREET, SUITE 905 N. MIAMI BEACH FL 33180	2999 N.E. 191 STREET, SUITE 905 N. MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1994
3a. Date of Last Report:
4. FEI Number: 65-0521732 — 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 2999 NE 191st STREET	26 2999 NE 191st Street
Suite, Apt #, etc: 22 SUITE 900	Suite, Apt #, etc: 27 Suite 900
City & State: 23 NORTH MIAMI Beach, FL	City & State: 28 North Miami Beach, FL.
Zip: 24 33180 — Country: 25 DADE	Zip: 29 33180 — Country: 30 DADE

9. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R
2999 N.E. 191 STREET, SUITE 905
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name: ADAM R. Schiffmon
82 Street Address (P.O. Box Number is Not Acceptable): 2999 NE 191st Street
83 Suite 900
84 City: North Miami Beach 　FL 　85 Zip Code: 33180

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] 　4/27/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1 1 TITLE	DPST ☐ Change ☒ Addition
NAME	ADAM R. SCHIFFMAN (struck through)	1 2 NAME	ADAM R. SCHIFFMAN
STREET ADDRESS	2999 NE 191st Street #90 (struck through)	1 3 STREET ADDRESS	2999 NE 191 Street #900
CITY ST ZIP		1 4 CITY ST ZIP	NORTH MIAMI BCH, FL 33180
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		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)(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: [signature] ADAM R. SCHIFFMAN Pres 　4/27/95 　305/682-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107387 CP