

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000087317
1. Corporation Name

DR. RICHARD A. WEISS, INC.

Principal Place of Business
2845 Aventura Blvd.
230
Aventura, FL 33180

Mailing Address
4300 Alton Road
Miami Beach, FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/1/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 4300 Alton Road

27 Suite, Apt. #, etc.

27 Attn: Legal Department

28 City & State

28 Miami Beach, FL 33140

29 Zip Country

4. FEI Number
65-0591010

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

David B. Mitchell, Esq.
896 South Dixie Highway
Coral Gables, FL 33146

10. Name and Address of New Registered Agent

81 Name Alyson R. Osman, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
4300 Alton Road

83

84 City Miami Beach, FL 85 Zip Code 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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, and 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME Dr. Richard A. Weiss
STREET ADDRESS 2845 Aventura Blvd., 2nd Floor
CITY-ST-ZIP N. Miami Beach, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME FRED D. HIRT
1.3 STREET ADDRESS 4300 Alton Road
1.4 CITY-ST-ZIP Miami Beach, FL 33140

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME ROBERT J. HENKEL
2.3 STREET ADDRESS 4300 Alton Road
2.4 CITY-ST-ZIP Miami Beach, FL 33140

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME LARRY HUDSON
3.3 STREET ADDRESS 4300 Alton Road
3.4 CITY-ST-ZIP Miami Beach, FL 33140

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, 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:

Director/Treasurer

4/15/98

(305) 674-2143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)