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May 06 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000089103 (3)

1. Corporation Name
STEINHART MEDICAL GROUP, INC.

Principal Place of Business
8659 SOUTH MIAMI AVE.
STE. 4006
MIAMI FL 33133

Mailing Address
8659 SOUTH MIAMI AVE.
STE. 4006
MIAMI FL 33133



2. Principal Place of Business
21 3659 S. Miami Ave.
Suite, Apt. #, etc.

22 Suite 4006
City & State

23 Miami, FL

Zip Country
24 33313 USA

2a. Mailing Address
26 One Hook Road
Suite, Apt. #, etc.

27
City & State
28 Sharon Hill, PA

Zip Country
29 19079 USA

3. Date Incorporated or Qualified
12/07/1994

3a. Date of Last Report
08/02/1996

4. FEI Number
65-0545025

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

9. Name and Address of Current Registered Agent

CARPENTER, KARON
3901 S.W.
47TH AVE. #405
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD MIRRA, RAYMOND A JR.**
STREET ADDRESS **ONE HOOK RD.**
CITY-ST-ZIP **SHARON HILL PA**

TITLE ☐ DELETE
NAME **VP STEPANUK, KEVIN D**
STREET ADDRESS **14 BIRCHALL DR.**
CITY-ST-ZIP **HADDONFIELD NJ 08033**

TITLE ☐ DELETE
NAME **S MOHNACS, JOHN P**
STREET ADDRESS **ONE HOOK RD.**
CITY-ST-ZIP **SHARON HILL PA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Raymond A. Mirra, Jr.**
1.3 STREET ADDRESS **One Hook Road**
1.4 CITY-ST-ZIP **Sharon Hill, PA 19079**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Kevin D. Stepanuk**
2.3 STREET ADDRESS **One Hook Road**
2.4 CITY-ST-ZIP **Sharon Hill, PA 19079**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **John P. Mohnacs**
3.3 STREET ADDRESS **One Hook Road**
3.4 CITY-ST-ZIP **Sharon Hill, PA 19079**

4.1 TITLE **T** ☐ Change ☒ Addition
4.2 NAME **Victor Battaglia**
4.3 STREET ADDRESS **One Hook Road**
4.4 CITY-ST-ZIP **Sharon Hill, PA 19079**

5.1 TITLE
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 do 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.

SIGNATURE:

K. D. Stepanuk

Kevin D. Stepanuk 4/23/97 610--586-8514

CR2E034 (9/96)