

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000006121 (4)

1. Corporation Name

AHI MEDICAL GROUP, DADE COUNTY-WESTCHESTER, INC.

Principal Place of Business

Mailing Address

12620 ERICKSON AVENUE, SUITE A
DOWNEY CA 90241

12620 ERICKSON AVENUE, SUITE A
DOWNEY CA 90241

3. Date Incorporated or Qualified
01/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
95-4552092

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. 199.03? Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title (applicable)

(If Officer or Director signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE D/C ☐ Change ☒ Addition
12 NAME Berezovsky, Leonardo A.
13 STREET ADDRESS 12620 Erickson Ave., Suite A
14 CITY - ST - ZIP Downey, CA 90241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE D/T ☐ Change ☒ Addition
22 NAME Spiwak, Jose
23 STREET ADDRESS 12620 Erickson Ave., Suite A
24 CITY - ST - ZIP Downey, CA 90241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE D/P ☐ Change ☒ Addition
32 NAME Honigstein, Saul
33 STREET ADDRESS 12620 Erickson Ave., Suite A
34 CITY - ST - ZIP Downey, CA 90241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE S ☐ Change ☒ Addition
42 NAME Tamboli, Kaushal
43 STREET ADDRESS 12620 Erickson Ave., Suite A
44 CITY - ST - ZIP Downey, CA 90241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE V ☐ Change ☒ Addition
52 NAME Arttime, Luis
53 STREET ADDRESS 12620 Erickson Ave., Suite A
54 CITY - ST - ZIP Downey, CA 90241

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonardo Berezovsky

07/08/96

(310) 803-5333

CR2E034 (3/96)