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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000012374 (1)

LEIB H. SINGER, M.D., P.A.

Principal Place of Business

Mailing Address

FILED Feb 24 1998 8:00am Secretary of State



2324 NE 53 ST 2324 NE 53 ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2114800 NE Perrace 65-0554535 26 4800 NE 20 Jerrace Not Applicable \$8.75 Additional 5. Certificate of Status Desired 105 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Ft. Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Weinberg, Steven 8000 PETERS RD. 82 Street Address (P.O. Box Number is Not Acceptable) 2ND FLOOR **PLANTATION FL 33324** 83 85 Zip Code 84 City 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 if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition TITLE DELETE 1.1 TITLE Change SINGER, LEIB H NAME 1.2 NAME 2324 NE 53 ST STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 333*08* CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE □ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP □ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THILE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 il changed, or on an attachment with an address

10/97