

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90013 009 \*\*\*150.00

**DOCUMENT # P95000012374** ✓

1. Corporation Name

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

Principal Place of Business

**4800 NE 20TH TERR  
105  
FT LAUDERDALE FL 33308  
US**

Mailing Address

**4800 NE 20TH TERR  
105  
FT LAUDERDALE FL 33308  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/14/1995**

4. FEI Number

**65-0554535**

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 the current year  
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**25**

City & State

**29**

Zip

Country

**30**

9. Name and Address of Current Registered Agent

**WEINBERG, STEVEN  
8000 PETERS RD.  
2ND FLOOR  
PLANTATION FL 33324**

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

1. 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)

DATE

2. OFFICERS AND DIRECTORS

LE **DP** ☐ DELETE  
ME **SINGER, LEIB H**  
REET ADDRESS **4800 NE 20TH TERR**  
Y-ST-ZIP **FT LAUDERDALE FL 33308**

LE ☐ DELETE  
ME  
REET ADDRESS  
Y-ST-ZIP

LE ☐ DELETE  
ME  
REET ADDRESS  
Y-ST-ZIP

LE ☐ DELETE  
ME  
REET ADDRESS  
Y-ST-ZIP

LE ☐ DELETE  
ME  
REET ADDRESS  
Y-ST-ZIP

LE ☐ DELETE  
ME  
REET ADDRESS  
Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

I 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:

**SIGNATURE** *Leib H. Singer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/99**

Date

**954-489-0600**

Daytime Phone #

CR2E034 (5/99)

LEIB H. SINGER, M.D., P.A.  
DIPLOMATE AMERICAN BOARD OF GASTROENTEROLOGY

4800 N.E. 20TH TERRACE, SUITE 105  
FORT LAUDERDALE, FLORIDA 33308  
PHONE 954-489-0600  
FAX 954-489-0689

585133-90013-9  
P95000012374

7/6/99

Dept of State

To Whom It May Concern,

Enclosed you will find the completed  
form and a check for \$150.00.

We never received the first packet  
prior to July and we would  
appreciate your help with this  
matter.

Thank you

Sincerely  
Cory Singer  
Office Manager