


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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mogham</b> , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033117 (9)**

1. Corporation Name

**FIRSTMED PLANTATION, INC.**

Principal Place of Business

**7676-D PETERS ROAD  
SUITE 306  
PLANTATION FL 33324  
US**

Mailing Address

**7676-D PETERS ROAD  
SUITE 306  
PLANTATION FL 33324  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/27/1995**

4. FEI Number

**65-0575148**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**KLISTON, TODD W.  
8211 W. BROWARD BLVD.  
SUITE 375  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

**81** Name **JOEL PIOTRKOWSKI**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**627 71<sup>st</sup> Street**  
**83**  
**84** City **Miami Beach** **FL** **85** Zip Code **33141**

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)

DATE

**3-10-98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **REITER, BEN Z.**  
STREET ADDRESS **9800 WEATHERVANE MANOR**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **D** ☐ DELETE

NAME **VERBLOW, CLIVE**  
STREET ADDRESS **3020 MEADOW LANE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **ASD** ☐ DELETE

NAME **CAPO, ALEJANDRO**  
STREET ADDRESS **7676-D PETERS ROAD**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **ASD** ☐ DELETE

NAME **NEWMAN, E. KURT**  
STREET ADDRESS **7676-D PETERS ROAD**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **ASD** ☐ DELETE

NAME **DANIEL TAVARI**  
STREET ADDRESS **7676-D Peters Road**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **ASD** ☐ DELETE

NAME **MARCUS REITMAN**  
STREET ADDRESS **7676-D Peters Road**  
CITY-ST-ZIP **PLANTATION, FL 33324**

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

14. 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:

**3/18/98** **954-474-2398**

CR2E034 (10/97)