

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 12 1997 8:00am  
Secretary of State

DOCUMENT # P95000066652 (5)

1. Corporation Name  
ARGON AKOMER, M.D., P.A.



Principal Place of Business  
6151 MIRAMAR PARKWAY  
MIRAMAR FL 33023

Mailing Address  
6151 MIRAMAR PARKWAY  
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |  |  |                                       |  |
|--------------------------------|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>08/28/1995  |  | 3a. Date of Last Report<br>08/08/1996 |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>APPLIED FOR 65-0618013  |  | Applied For<br>Not Applicable         |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required        |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees           |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |

9. Name and Address of Current Registered Agent

SINGER, BERNARD A  
4700 SHERIDAN STREET  
SUITE B  
HOLLYWOOD FL 33021

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | DPST                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | AKOMER, ARGON        | 1.2 NAME  |   |
| STREET ADDRESS             | 6151 MIRAMAR PARKWAY | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIRAMAR FL 33023     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 2.2 NAME  |   |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 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: \_\_\_\_\_

ARGON AKOMER, M.D., P.A.

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CR2E034 (4/97)