FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000074494 (2)**

1. Corporation Name

~~JACKIE KLEIN PRESCOTT, MD, PA~~ CHANGED TO:
JACKIE KLEIN LEFFERTS, M.D., P.A. 3.11.96

Principal Place of Business
12685 N. BAYSHORE DRIVE
NORTH MIAMI FL 33181

Mailing Address
12685 N. BAYSHORE DRIVE
NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 09/27/1995
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65 0615596 — 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. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
GORDON, HOWARD W
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: JACKIE KLEIN LEFFERTS, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 12685 N. BAYSHORE DR.
83
84 City: NORTH MIAMI, FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0505 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: Jackie Klein Lefferts MD, PA 4/30/96
Signature, typed or printed name of registered agent — Title — Date

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	PRESCOTT, JACKIE KLEIN
STREET ADDRESS	12685 N. BAYSHORE DRIVE
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	D ☐ DELETE
NAME	LEFFERTS, MICHAEL
STREET ADDRESS	12685 N. BAYSHORE DRIVE
CITY-ST-ZIP	NORTH MIAMI FL 33181
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	LEFFERTS, JACKIE KLEIN
1.3 STREET ADDRESS	12685 N. BAYSHORE DR.
1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181
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	300001816003
5.3 STREET ADDRESS	-05/10/96--01012--001
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	5.1
6.3 STREET ADDRESS	
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jackie Klein Lefferts, MD, PA 4.15.96 (305) 931-0755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)