

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000084343 (9)**

1. Corporation Name

YUKHANAN BENJAMIN MD., P.A.

Principal Place of Business

**909 N.E. NORTH MIAMI BEACH BLVD.
N MIAMI BEACH FL 33162**

Mailing Address

**909 N.E. NORTH MIAMI BEACH BLVD.
N MIAMI BEACH FL 33162**

2. Principal Place of Business

21 State: **FL**

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State: **FL**

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**BENJAMIN, YUKHANAN
909 N.E. MIAMI BEACH BLVD.
N MIAMI BEACH FL 33162**

E1 Name

E2 Street Address (P.O. Box Number is Not Acceptable)

E3

E4 City

FL E5 Zip Code

11. Pursuant to the provisions of section 607.07(3)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as registered agent, to be on file 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 obligation of, section 607.04(5), Florida Statutes.

SIGNATURE

(If not, the person must sign and date this statement.)

(If not, the person must sign and date this statement.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** [] Change [] Addition

NAME **BENJAMIN, YUKHANAN**

STREET ADDRESS **909 NE MIAMI BEACH BLVD.**

CITY/STATE/ZIP **N MIAMI BEACH FL 33162**

TITLE [] Change [] Addition

NAME [] Change [] Addition

STREET ADDRESS [] Change [] Addition

CITY/STATE/ZIP [] Change [] Addition

TITLE [] Change [] Addition

NAME [] Change [] Addition

STREET ADDRESS [] Change [] Addition

CITY/STATE/ZIP [] Change [] Addition

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CITY/STATE/ZIP [] Change [] Addition

TITLE [] Change [] Addition

NAME [] Change [] Addition

STREET ADDRESS [] Change [] Addition

CITY/STATE/ZIP [] Change [] Addition

TITLE [] Change [] Addition

NAME [] Change [] Addition

STREET ADDRESS [] Change [] Addition

CITY/STATE/ZIP [] Change [] Addition

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE [] Change [] Addition

15 NAME [] Change [] Addition

16 STREET ADDRESS [] Change [] Addition

17 CITY/STATE/ZIP [] Change [] Addition

18 TITLE [] Change [] Addition

19 NAME [] Change [] Addition

20 STREET ADDRESS [] Change [] Addition

21 CITY/STATE/ZIP [] Change [] Addition

22 TITLE [] Change [] Addition

23 NAME [] Change [] Addition

24 STREET ADDRESS [] Change [] Addition

25 CITY/STATE/ZIP [] Change [] Addition

26 TITLE [] Change [] Addition

27 NAME [] Change [] Addition

28 STREET ADDRESS [] Change [] Addition

29 CITY/STATE/ZIP [] Change [] Addition

30 TITLE [] Change [] Addition

31 NAME [] Change [] Addition

32 STREET ADDRESS [] Change [] Addition

33 CITY/STATE/ZIP [] Change [] Addition

34 TITLE [] Change [] Addition

35 NAME [] Change [] Addition

36 STREET ADDRESS [] Change [] Addition

37 CITY/STATE/ZIP [] Change [] Addition

14. I hereby certify that the information supplied by the above named corporation is true and correct, and that the information shall have the same legal effect as if made under oath, that I am a collector on behalf of the corporation for the purpose of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1995

4. FTT Number

65-0622555

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

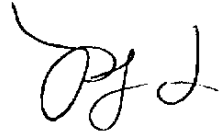
10. Name and Address of New Registered Agent

6500002-6500002-045
- 07/31/98 - 01090 - 045
\$\$\$150.00

PE
7-29

CR2E034 (5/98)

July 14, 1998

A handwritten signature in cursive script, possibly reading "PJL", located in the upper right corner of the document.

Florida Department of State
P.O. Box 1500
Tallahassee, FL. 32302-1500

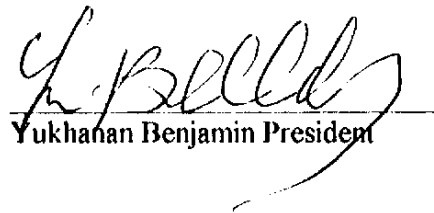
I have received a second notice for the annual report of YUKHANAN BENJAMIN MD.

P.A.. but never received the first notice. Since I have no reason not to pay on
time I would have done it if I had received the first notice.

I'm including a check of \$150.00 that will cover the fee for the 1998 Profit Corporation
Annual Report.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, likely "Yukhanan Benjamin", written over a horizontal line.

Yukhanan Benjamin President