

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

FILED

Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000085974 (0)**  
 1. Corporation Name  
**CAROL E. WEINGROD M.D., P.A.**



Principal Place of Business <b>975 ARTHUR GODFREY ROAD, SUITE 308 MIAMI BEACH FL 33140</b>	Mailing Address <b>975 ARTHUR GODFREY ROAD, SUITE 308 MIAMI BEACH FL 33140-3329</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/08/1995</b>	3a. Date of Last Report <b>06/17/1996</b>
21	26	4. FEI Number <b>APPLIED FOR 95-0619117</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD          343 ALMERIA AVENUE          CORAL GABLES FL 33134</b>		81 Name <b>MARTIN NEMZOW</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>975 ARTHUR GODFREY ROAD, SUITE 308</b>
		83	
		84 City <b>MIAMI BEACH</b>	85 Zip Code <b>FL 33140</b>

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: *M. Nemzow* (NOTE: Registered Agent signature required when reinstating) DATE: **1/3/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEMZOW, MARTIN A.W.</b>		1.2 NAME	
STREET ADDRESS <b>975 ARTHUR GODFREY ROAD, SUITE 308</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL 33140</b>		1.4 CITY - ST - ZIP	
TITLE <b>STD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEINGROD, CAROL E M.D.</b>		2.2 NAME	
STREET ADDRESS <b>975 ARTHUR GODFREY ROAD, SUITE 308</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL 33140</b>		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *M. Nemzow* DATE: **3/15/97** DAYTIME PHONE #: **305-873-3101**

CR2E034 (9/96)