May 04, 1999 8:00 am Secretary of State

05-04-1999 90142 004 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000085974

1. Corporation Name

CAROL E WEINGROD MID PA

CARUL	E. WEINGROU M.D., P.A.								
Orinninal Glas	n of Business	Mailing Address				{	AND Re ini se udi il	iim milim im	itt todat øfbt født
·									
STE 303 975 ARTHUR GODFREY RD MIAMI BEACH FL 33140 STE 303]		•	
US MIAMI BEACH FL 33140						DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed			
						11/08/1995			
Principal Place of Business 2a. Mailing Address						4. FEI Number		⊢	Applied For
21	<u> </u>	26				<u>65-06 19117</u>			lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			Additional
22		27				<u></u>			Required
City & State City & State						6. Election Campaign Financing		•	May Be
23 28 75			Country			Trust Fund Contribution			to Fees
Zip Country Zip			− 1			8. This corporation owes the curr	•	ngibie ∐Yes	□No
24	9. Name and Address of Currer		30			Personal Property Tax. 10. Name and Address of New R			
-	5. Name and Address of Curren	it Kadistalan Adalit	8	1 Na	me	10. Name and Address of New I	tegistered A	Acut	
NEM	IZOW, MARTIN					<u> </u>			
975 ARTHUR GODFREY RD			8	2 St	eet Addre	ss (P.O. Box Number is Not Accepta	ible)		
STE			8	3					
	MI BEACH FL 33140		٦	٦					
			8	4 Ci	у		FL	85 Zit	Code
11 Duminant	to the provisions of Sections 607.050	22 and 607 1509 Elocida Statuta	e the abo	VO D3	nod corne	ration submits this statement for the		L l	ts registered
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized b	y the i	corporation	's board of directors. I hereby accep	ot the appoint	ment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	es.					
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE:	Decistored An	ent einn:	ture required :	when reinstating)	DATE		
12.		ND DIRECTORS	13.	iein signi	itore roquirou	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	 :		· · · · · · · · · · · · · · · · · · ·		Change	Addition :
NAME	NEMZOW, MARTIN A.W.		1.2 NAME	:					i
STREET ADDRESS 975 ARTHUR GODFREY ROAD, SUITE 308			1.3 STREET ADDRESS		ESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140	.,	1.4 CITY-						
TITLE	STD			2.1 TITLE				Change	Addition
NAME	WEINGROD, CAROL E M.D.			2.2 NAME					
STREET ADDRESS	ARE ARTHUR CONFREY DOAD CHITT OOG		2.3 STREET ADDRESS		ESS				
CITY-ST-ZIP	10110 00101 01 00110			2.4 CITY+ST-ZIP					
TITLE	,	☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME		- 1				
STREET ADDRESS	RESS - 3.3		3.3 STRE	3.3 STREET ADDRESS					
C/TY-ST-ZIP			3.4. CITY	- ST- ZIP	į				
TITLE		☐ DELETE 4.11		4.1 TITLE				Change	Addition
NAME			4. 2 NAM	E	Ì				
STREET ADDRESS			4.3 STREE		ESS				
CITY-ST-ZIP	4440		4.4 C/TY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME	· · ·		5.2 NAME		-				ı
STREET ADDRESS	DRESS		5.3 STRE	5.3 STREET ADDRESS				•	
CITY-ST-ZIP			5.4 CITY-	5.4 CITY-ST-ZIP					
TITLE	DELETE 6.1			i.1 TITLE					Addition
ĺ	•	L) DELETE	6.1 TITLE		l l			☐ Change	
NAME	:	L_) DELETE	6.1 TITLE 6.2 NAME					Change	, E Addition

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 charteet, pr of an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR