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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000005611 (4)**

1. Corporation Name
MARILYN D. GREENBLATT, P.A.

Principal Place of Business	Mailing Address
2701 LEJEUNE RD., STE. 401 CORAL GABLES FL 33134	2701 LEJEUNE RD., STE. 401 CORAL GABLES FL 33134-5821

3. Date Incorporated or Qualified: 01/17/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 2600 DOUGLAS ROAD	26 2600 DOUGLAS ROAD
Suite, Apt. #, etc 22 PENTHOUSE TEN	Suite, Apt. #, etc. 27 PENTHOUSE TEN
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FLORIDA
Zip / Country 24 33134 / 25 DADE	Zip / Country 29 33134 / 30 DADE

4. FEI Number: 65-0635828 ☐ 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	10. Name and Address of New Registered Agent
GREENBLATT, MARILYN D 2701 LEJEUNE RD., STE. 401 CORAL GABLES FL 33134	81 Name: MARILYN D. GREENBLATT (SAME) 82 Street Address (P.O. Box Number is Not Acceptable): 2600 DOUGLAS ROAD 83 PENTHOUSE TEN 84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Marilyn D. Greenblatt MARILYN D. GREENBLATT 4/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GREENBLATT, MARILYN D		1.2 NAME	Same
STREET ADDRESS	2701 LEJEUNE RD., STE. 401		1.3 STREET ADDRESS	2600 DOUGLAS ROAD, PH-10
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Marilyn D. Greenblatt MARILYN D. GREENBLATT, PRES. 4/24/97 (305)442-0506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D160233