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FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000027402 (2)

1. Corporation Name

AMERICAN ASSOCIATION OF MEDICAL PROFESSIONALS IN  
C.

Principal Place of Business

708 SW 81 AVE. SUITE 5A  
N. LAUDERDALE FL 33068

Mailing Address

708 SW 81 AVE. SUITE 5A  
N. LAUDERDALE FL 33068-2010



3. Date Incorporated or Qualified

03/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 1000 W. McNab Rd.

Suite, Apt. #, etc.

22 207

City & State

23 Pompano Florida

Zip

24 33069

Country

25 Broward

2a. Mailing Address

26 1000 W. McNab Rd.

Suite, Apt. #, etc.

27 207

City & State

28 Pompano, Florida

Zip

29 33069

Country

30 33069

4. FEI Number

65 065 0849

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

LEFKOWITZ, DAVID A  
22752 BERMUDA WAY  
BOCAA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

Moshe Levene

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

708 S.W. 81 Ave

83

#5A

84

N. Lauderdale

FL

85 Zip Code  
33068

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

*Moshe Levene*  
Signature, typed or printed name of registered agent and title if applicable

Moshe Levene Pres.

4 16 97

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

President

Moshe Levene

708 S.W. 81 Ave # 5A  
N. Lauderdale, FL 33068

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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

*Moshe Levene*  
Signature, typed or printed name of registered agent and title if applicable

Moshe Levene Pres.

4 16 97

CR2E034 (9/96)