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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000038100 (9)**

1. Corporation Name
SOUTH FLORIDA GERIATRICS, INC.

Principal Place of Business	Mailing Address
~~18524 N.W. 67TH AVENUE #295~~ ~~MIAMI FL 33015~~	~~18524 N.W. 67TH AVENUE #295~~ ~~MIAMI FL 33015-5302~~

3. Date Incorporated or Qualified: 04/29/1996
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 17330 NW 7th Ave	26 17330 NW 7th Ave
Suite, Apt. #, etc.: 22 501	Suite, Apt. #, etc.: 27 501
City & State: 23 Miami, FL	City & State: 28 Miami, FL
Zip: 24 33169 Country: 25 USA	Zip: 29 33169 Country: 30 USA

4. FEI Number: 65-0671768 ☐ 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
YVONNE G. GRASSIE, P.A. → same →	81 Name: Yvonne G. Grassie, P.A.
~~3141 COMMODORE PLAZA~~	82 Street Address (P.O. Box Number is Not Acceptable): 2597 Tropp Ave
~~MIAMI FL 33133~~ → new address →	83
	84 City: Coconut Grove FL 85 Zip Code: 33133

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: Leonard Pianko, MD, President/Director — 3/24/97
Signature, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGLISH, SCOTT M.D. 17330 NW 7TH AVENUE #404 MIAMI FL 33169	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Richard Reines M.D. 4614 Hollywood Blvd. Hollywood, FL. 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIANKO, LEONARD M.D. 2797 NE 207TH STREET #201 NORTH MIAMI BEACH FL 33180	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLUMENTHAL, BARRY D.O. 21110 BISCAYNE BLVD. #206 NORTH MIAMI BEACH FL 33180	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rhonda Berglund	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: [illegible] Leonard Pianko, MD. President/Director 3/24/97 (305) 651-5825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0122264