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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 # **P96000038100 (9)**

1. Corporation Name
SOUTH FLORIDA GERIATRICS, INC.

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

Mailing Address
~~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
21 17330 NW 7th Ave
22 Suite, Apt. #, etc.: 501
23 City & State: Miami, FL
24 Zip: 33169
25 Country: USA

2a. Mailing Address
26 17330 NW 7th Ave
27 Suite, Apt. #, etc.: 501
28 City & State: Miami, FL
29 Zip: 33169
30 Country: 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
YVONNE G. GRASSIE, P.A. → same →
3141 COMMODORE PLAZA
MIAMI FL 33133 → new address →

10. Name and Address of New Registered Agent
81 Name: Yvonne G. Grassie, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2597 Trapp Ave
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ENGLISH, SCOTT M.D.	
STREET ADDRESS	17330 NW 7TH AVENUE #404	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	☐ DELETE
NAME	PIANKO, LEONARD M.D.	
STREET ADDRESS	2797 NE 207TH STREET #201	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	D	☒ DELETE
NAME	BLUMENTHAL, BARRY D.O.	
STREET ADDRESS	21110 BISCAYNE BLVD. #206	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Richard Reines M.D.	
1.3 STREET ADDRESS	4614 Hollywood Blvd.	
1.4 CITY-ST-ZIP	Hollywood, FL. 33021	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 reports 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: 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