

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000040612 (9)**  
1. Corporation Name  
**SOUTH FLORIDA INTERNAL MEDICINE ASSOCIATES, P.A.**



|   |   |
|---|---|
| Principal Place of Business<br><b>4701 N. FEDERAL HWY.<br/>SUITE A-21<br/>FT. LAUDERDALE FL 33308</b> | Mailing Address<br><b>4701 N. FEDERAL HWY.<br/>SUITE A-21<br/>FT. LAUDERDALE FL 33308</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |                        |  |  |  |                                       |  |
|---|--|------------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>05/06/1996</b>                             |  | 3a. Date of Last Report               |  |
| 21  |  | 26                     |  | 4. FEI Number<br><b>65-0696994</b>   |  | Applied For<br>Not Applicable         |  |
| 22 Suite, Apt. #, etc.                          |  | 27 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | <b>\$8.75 Additional Fee Required</b> |  |
| 23 City & State                                 |  | 28 City & State        |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>    |  |
| 24 Zip  |  | 25 Country             |  | 29 Zip   |  | 30 Country                            |  |
|   |  |                        |  |  |  |                                       |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent                                       |  |                                       |  |

**LAVENDER, JOEL R  
507 S.E. 11TH CT.  
FT. LAUDERDALE FL 33316**

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   |             |
| <b>FL</b>   | 85 Zip Code |

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

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                      | <b>PD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHOKSHI, RAJIV R</b>                   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>4701 N. FEDERAL HWY., STE. A-21</b>    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33308</b>            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>ST</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MCKENZIE, WILFRED</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>4701 N. FEDERAL HWY., STE. A-21</b>    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33308</b>            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 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 its 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 I am listed, or on an attachment with an address.

SIGNATURE

*(Signature)* Secretary/Treasurer 8/1/97 (954) 672 1072

CR2E034 (4/97)