## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998 OCHMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation  | S. RABINSKY, P.A.  | JU04517 (1)  |             |                                   |                      |   |                  |                               |
|---|--|--|-------------|-----------------------------------|----------------------|---|------------------|-------------------------------|
| Principal Place of Business Malling Address   |  |  |             |                                   |                      |   | 91111 91001 0110 |                               |
| 1123 BEL AIR DRIVE HIGHLAND BEACH FL 33487  1123 BEL AIR DRIVE HIGHLAND BEACH FL 33487  HIGHLAND BEACH FL 33487 |  |  | 187         |                                   |                      |   |                  |                               |
|   |  |  | ,           |                                   |                      | DO NOT WRITE IN TH  | IIS SPACE        |                               |
|   |  |  |             |                                   |                      | 3. Date Incorporated or Qualified   |                  |                               |
| 9 Principal P   | lace of Business   | 2a. Mailing Address  |             |                                   |                      | 07/31/1996<br>4. FEI Number   |                  | Tangare                       |
| 21  |  | 26   |             |                                   |                      | 65-0693603  | $\vdash$         | Applied For<br>Not Applicable |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |             |                                   |                      |   | \$8.7            | 75 Additional                 |
| 22  |  | 27   |             |                                   |                      | 5. Certificate of Status Desired  | •                | e Required                    |
| City & State  | 9  | City & State   |             |                                   |                      | 6. Election Campaign Financing  | \$5.0            | 00 May Be                     |
| 23  |  | 28   | T           |                                   |                      | Trust Fund Contribution   |                  | led to Fees                   |
| Zip   | Country  | Zip  | Coun        | Uy                                |                      | 8. This corporation owes or has paid the  |                  | _ ~                           |
| 24  | 25<br>Name and Address of Curren   | 29   | 30          |                                   |                      | Personal Property Tax due June 30.  10. Name and Address of New Register  | Yes<br>ed Agent  | ∐ No                          |
| VIH   | DENFREUND, JOEL H ESQUIRE  | t troggetterou rigoni  |             | 31                                | Name                 | 10. Italia and Manage of Itali Hegister   | ou Agont         |                               |
|   | DENFREUND, JUEL IT ESWUIRE<br>OPIN, MILLER & YUDENFREUND                         | 1  |             |                                   | 0                    | (0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |                  |                               |
|   | DROYAL PALM WAY, SUITE 200   |  |             | 32                                | Street Addre         | ss (P.O. Box Number is Not Acceptable)  |                  |                               |
|   | M BEACH FL 33480   |  | 8           | 33                                | ·                    |   |                  |                               |
|   |  |  | <u>.</u>    | 34                                | City                 |   | 85 2             | Zip Code                      |
|   |  |  | _ [         |                                   | •                    |   | ·L   `           |                               |
| 11. Pursuant to   | to the provisions of Sections 607.050:<br>egistered agent, or both, in the State | 2 and 607 1508, Florida Statute of Florida, Such change was a  | es, the abo | by 1                              | named corporation    | oration submits this statement for the purpos<br>on's board of directors. I hereby accept the   | e of changin     | ng its registered             |
| agent. I a  | m familiar with, and accept the obliga   | itions of Section 607.0505, Flo  | orida Statu | tes.                              |                      |   | фронилон         |                               |
| SIGNATURE   | Signature, typed or printed name of registered ager                              | and the latest and th | - F         |                                   | t signature required | i when reinstating) DAT   |                  |                               |
| 12.   | OFFICERS AND   |  | 13.         | - Uern                            | t signature required | ADDITIONS/CHANGES TO OFFICERS   |                  | TORS IN 12                    |
| TITLE   | D  | ☐ DELETE   | 1.1 TOTAL   | E                                 |                      |   | ☐ Chan           |                               |
| NAME  | RABINSKY, ISRAEL M.D.  |  | 1.2 NAM     | IE.                               |                      |   |                  |                               |
| STREET ADDRESS  | 1123 BEL AIR DRIVE   |  | 1.3 STR     | 1.3 STREET ADDRESS                |                      |   |                  |                               |
| CITY - ST - ZIP   | HIGHLAND BEACH FL 33487  |  | 1.4 CITY-   |                                   | - ZIP                |   |                  |                               |
| TITLE   |  | ☐ DELETE   | 2.1 T(TL)   |                                   |                      |   | L Chan           | nge Addition                  |
| NAME  |  |  | 2.2 NAM     |                                   |                      |   |                  |                               |
| STREET ADDRESS  |  |  | 2.3 STREE   |                                   |                      |   |                  |                               |
| CITY-ST-ZIP<br>TITLE  |  | DELETE   | _           | 2. 4 CITY - ST - ZIP<br>3.1 TITLE |                      |   | ☐ Chan           | ge Addition                   |
| NAME  |  | Phone  | 3.2 NAME    |                                   |                      |   | o.m.             |                               |
| STREET ADDRESS  |  |  | 3.3 STRE    | -                                 | DDRESS               |   |                  |                               |
| CITY-ST-ZIP   |  |  | 3.4. CITY   |                                   | ſ                    |   |                  |                               |
| TATLE   | DELETE   |  | 4.1 TITLE   | 4.1 TITLE                         |                      |   | Chang            | ge Addition                   |
| NAME  |  |  | 4. 2 NAN    | Æ                                 |                      |   |                  |                               |
| STREET ADDRESS  |  |  | 4.3 STRE    | ET A                              | DDRESS               |   |                  |                               |
| CITY-ST-ZIP   | · <u>·</u>   | - Inc. sec   | 4.4 CITY    |                                   | ZIP                  |   |                  |                               |
| TITLE   |  |  |             | 5.1 TITLE                         |                      |   | Chang            | ge Addition                   |
| NAME<br>OTDEET ADDRESS  |  |  | 5.2 NAM     |                                   | DDDECC               |   |                  |                               |
| STREET ADDRESS  |  |  | 5.3 STRE    |                                   |                      |   |                  |                               |
| CITY-ST-ZIP<br>TITLE  |  |  | _           | 5.4 CITY-ST-ZIP<br>6.1 TITLE      |                      |   | Chang            | pe Addition                   |
| NAME  |  |  | 6.2 NAM     |                                   |                      |   |                  |                               |
| STREET ADDRESS  |  |  | 6.3 STRE    |                                   | DDRESS               |   |                  |                               |
| CITY-ST-ZIP   |  |  |             | 6.4 CITY-ST-ZIP                   |                      |   |                  |                               |
| indicated (   | on this annual report or supplemental  | annual report is true and acci   | urate and t | lhat                              | my signature         | ection 119.07(3)(i), Florida Statutes. I further<br>shall have the same legal effect as if made<br>red by Chapter 607, Florida Statutes; and th | under oath:      | : that I am an                |
| Block 12 c  | or Block 13 if changed, or on an attac   | hillient with an address:  | _           |                                   |                      | La Maria  |                  | _                             |

**FILED** 

Mar 05 1998 8:00am

Secretary of State