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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078249 (5)

WEINREB, WEISBERG & WEISS, P.A.

Principal Place of Business Mailing Address

FILED May 09 1997 8:00am Secretary of State



Lutterbat state of Ediziness			Mailing Address							
7421 N. UNIVE TAMARAC FL S	ASITY DRIVE #112 33321		21 N. UNIVERSIT MARAC FL 33321		112					
							3. Date Incorporated or Qualified 09/19/1996	3a. Dal	e of Las	t Report
	lace of Business	2a.	Mailing Addres	s			4. FEI Number			Applied For
21		26			;	···	65-069840	3		Not Applicable
Sulte, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May			
23		28		 -			Trust Fund Contribution	<u> </u>	Adde	ed to Fees
Zip 24	Country 25	29	Zip	p Country 30			8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No			
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Re	gistered A	gent	
LAP	IDUS, STEVEN B				81	Name				
MAMI FL 33131					82	Street Add	dress (P.O. Box Number is Not Acceptable)			
1111/11	m (= 00 10 1				83	}				
					84	City			85 7	ip Code
MEM						'		FL		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Starm familiar with, and accopt the obli	i02 and 6 le of Flori gations o	607.1508, Florida da. Such chango f, Section 607.05	Statutes, to was autho 105, Florida	he abov orized b Statute	e-named cory y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of o of the appo	changin intment	g its registered as registered
SIGNATURE	Signature, typed or printed name of registered a	nont and allo	of application	1000 C	- otocost Acc	of dispolars and	ulred when reinstating)	DATE		
12.	OFFICERS A	` -	. <u> </u>	gar regi	13.	ar. signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TOTLE	D		DELE	TE	1.1 DILE				Chanc	
NAME	WEINREB, NEIL J M.D.				1.2 NAME	ĺ		-		
STREET ADDRESS	7421 N. UNIVERSITY DRIVE	#112				ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321				1.4 CITY - 5					
TITLE	D		DELE	1£	2.1 THLE			[Chang	ge [] Addition
NAME	WEISBERG, JEFFREY I M.D.				2.2 NAME					
STREET ADDRESS	7421 N. UNIVERSITY DRIVE	# 112			2.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321			_ [2.4 CITY-	ST-ZIP				•
TITLE	D		☐ DELE	TE	3 1 TITLE				Chang	je Addition
NAME	WEISS, STEVEN M.D.				3.2 NAME					
STREET ADDRESS	7421 N. UNIVERSITY DRIVE	# 112		l	3.3 ISTREET	ADDRESS				
CITY-ST-ZIP	TAMARAC FL 33321				3.4. CITY -	ST-ZIP				
TITLE			DELE	TE	4.1 TITLE				Chang	ge [] Addition
NAME					4. 2 NAME					
STREET ADDRESS				İ	4.3 BTREFT	ADDRESS				
CITY-ST-ZIP					44 DHY- 9	51 - 71P				
TITLE			☐ DELE	TE	51 MILE			7	Chang	ge Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 \$1REET	ADDRESS				
CITY-ST-ZIP					5.4 ¢(TY - 9	51 - ZIP				
TITLE			☐ DELE	TÉ	6.1 TITLE				Chang	ge Addition
NAME				ĺ	6.2 NAME	Ì				
STREET ADDRESS					6.3 \$TREET	ADDRESS				
CITY_CT_FIR					eabity o	1 7/0				

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 truston 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.

4/20/97 acusziusza