

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Jul 29 1998 8:00am  
Secretary of State

DOCUMENT # **P97000000528 (4)**

1. Corporation Name

**MYRON M. PERSOFF, M.D., P.A.**



Principal Place of Business

**2912 SW 27TH AVE  
MIAMI FL 33133**

Mailing Address

**2912 SW 27TH AVE  
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/03/1997**

4. FEI Number

**65-0726244**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 Same**

Suite, Apt. #, etc.

22 City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26 Same**

Suite, Apt. #, etc.

27 City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**PERSOFF, MYRON M  
2912 SW 27TH AVE  
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 *Myron M. Persoff, M.D.*  
Signature, typed or printed name of registered agent and title if applicable

*Myron M. Persoff, M.D.*  
(NOTE: Registered Agent signature required when reinstating)

**6/30/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D PERSOFF, MYRON M**  
STREET ADDRESS **2912 SW 27TH AVE**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

14. I 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: *Myron M. Persoff* **6/30/98** **305-567-2889**

CR2E034 (5/98)

Myron M. Persoff, M.D., F.A.C.S.  
Plastic and Reconstructive Surgery

*Page 2*

2912 S.W. 27th Ave.  
Coconut Grove, Florida 33133  
(305) 567-2889

June 30, 1998

Florida Dept. of State  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: 1998 Annual Report

Dear Sir or Madam:

We have just received the 2nd notice for the 1998 Corporation Annual Report, which apparently was due to be filed by May 31, 1998. We would gladly have filed our report by May 31, but we never received the first notice. We are including with this letter our check for \$150 and our completed report, and respectfully request that you accept our check as payment in full due to this mixup.

Please contact me if you should have any questions and thank you for your assistance in this matter.

Sincerely,

*M. Lenet*

Mel Lenet  
Controller