

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 6/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000004768
 I. Corporation Name
 JULIE B. SCHWARTZBARD, M.D., P.A.

FILED
 99 SEP -9 PM 3: 22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

7/12/99 90055029 7158.75

Principal Place of Business: 999 NE 191ST ST., STE. 240 VENTURA FL 33180
 Mailing Address: 2999 NE 191ST ST., STE. 240 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1999

4. FEI Number: 65-0905186 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 the current year Intangible Personal Property: Yes No

Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country

2a. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent

GLASSER, GENE K
 2021 TYLER STREET
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 88 Zip Code

I, Pursuant to the provisions of sections 607.0502 and 607.1506, 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: _____ DATE: _____

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D SCHWARTZBARD, JULIE B M.D. <input type="checkbox"/> DELETE	11. TITLE	D SCHWARTZBARD, JULIE B M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	20801 BISCAYNE BOULEVARD #400	12. NAME	2999 NE 191 STREET SUITE 240
3. STREET ADDRESS	AVENTURA FL 33180	13. STREET ADDRESS	AVENTURA FL 33180
4. CITY-STATE-ZIP		14. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	
8. CITY-STATE-ZIP		24. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY-STATE-ZIP		44. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY-STATE-ZIP		54. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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: _____ DATE: 7/12/99

CR2E034 (5/99)

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Aventura Neurologic Associates

Julie B. Schwartzbard M.D., P.A.

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2999 NE 191st Street, Suite 240
Aventura, Florida 33180
Tel: 305.933.5993
Fax: 305.933.9415

July 2, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

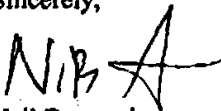
To Whom It May Concern:

Enclosed please find the annual report for Julie B. Schwartzbard, MD PA.

Our office never received the first report. We had an address change in December of 1998 and your office confirmed that the first report was returned undeliverable. Per your instructions I have enclosed the original filing fee of \$150.00 along with an additional \$8.75 for a certificate of status.

If you should require any additional information please do not hesitate to contact me.

Sincerely,



Neil Bernstein
Secretary