

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S21708 (0)

1. Corporation Name

ASSOCIATES IN NEUROLOGY OF SOUTH FLORIDA, P.A.

Principal Place of Business

4302 ALTON ROAD
SUITE 400
MIAMI BEACH FL 33140

Mailing Address

1380 MIAMI GARDENS DR
SUITE 264
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

GROSZ, RAUL M.D.
4302 ALTON ROAD
SUITE 430
MIAMI BEACH FL 33140

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 607.0602 and 607.1526, 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 607.0602, Florida Statutes.

SIGNATURE

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
GROSZ, RAUL
451 E DILDO DR
MIAMI BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP
GELBLUM, JEFFREY B.
110 SOUTH ISLAND
GOLDEN BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Gelblum

4/16/96 305-945-9991

1.0

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