

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 15 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S37102 (8)**

1. Corporation Name
ISAAC HALFON, M.D., P.A.

900001408829
-02/17/95--01017--007
****200.00 ****200.00

Principal Place of Business Mailing Address
**16800 NW 2ND AVE.
SUITE 502
N MIAMI BEACH FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1991** 3a. Date of Last Report **03/29/1994**

4. FEI Number **65-0238700** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **21110 Biscayne Blvd** 26 **21110 Biscayne Blvd**
Suite, Apt. #, etc Suite, Apt. #, etc
22 **312** 27 **312**
City & State City & State
23 **Aventura FL** 28 **Aventura FL**
Zip Country Zip Country
24 **33180** 25 **us** 29 **33180** 30 **us**

9. Name and Address of Current Registered Agent
**HALFON, ISAAC MD
500 MYSTIC POINT DR
#1001
AVENTURA FL 33180**

10. Name and Address of New Registered Agent
81 Name **Halfon, Isaac**
82 Street Address (P.O. Box Number is Not Acceptable) **3500 Mystic Point Dr**
83 **# 1001**
84 City **Aventura F** 85 Zip Code **FL 33180**

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 *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALFON, ISAAC
STREET ADDRESS	16800 NW 2ND AVE., S-501
CITY ST ZIP	N MIAMI BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Halfon, Isaac	
13 STREET ADDRESS	21110 Biscayne Blvd # 312	
14 CITY ST ZIP	Aventura FL 33180	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	ISA	
63 STREET ADDRESS	2-15	
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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: *[Signature]* 2-6-95 305 933 3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR