

ANNUAL REPORT
1995

FLORIDA
DIVISION OF CORPORATIONS

AND
FILED

DOCUMENT # S69178

(9)

95 MAY -1 AM 10:45

1. Corporation Name

NORTH DADE SPECIALISTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

16855 NORTHEAST 2ND AVENUE
SUITE 202
NORTH MIAMI BEACH FL 33162

Mailing Address

16855 NORTHEAST 2ND AVENUE
SUITE 202
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/26/1991

3a. Date of Last Report

04/18/1994

4. FEI Number

65-0303238

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SILVERMAN, LEWIS D.
16855 N.E. 2ND AVENUE
SUITE 202
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SILVERMAN, LEWIS D. M.D.
16855 N.E. 2ND AVE. 202
N. MIAMI BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ORNSTEIN, DAVID H. M.D.
16855 N.E. 2ND AVE. 202
N. MIAMI BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ROMAN, RICARDO M.D.
16855 N.E. 2ND AVE. 202
N. MIAMI BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
OLINSKY, DAVID
16853 NE 2ND AVE 202
N. MIAMI BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WILLIAMS, MARIE
16853 NE 2ND AVE 202
N. MIAMI BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CANTOR, SAMUEL
16853 NE 2ND AVE 202
N. MIAMI BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEWIS D. SILVERMAN

4/25/95

305-990-0062