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Apr 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S74998

(3)

1. Corporation Name

FINANCIAL PHYSICIANS, INC.



Principal Place of Business

3230 W. COMMERCIAL BLVD.  
SUITE 180  
FT. LAUDERDALE FL 33309  
US

Mailing Address

3230 W. COMMERCIAL BLVD.  
SUITE 180  
FT. LAUDERDALE FL 33309-3400  
US

3. Date Incorporated or Qualified  
08/20/1991

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

65-0220909

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

9. Name and Address of Current Registered Agent

MILLER HOWARD S.  
3230 W. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MILLER, HOWARD S.  
STREET ADDRESS 5310 NW 33RD AVE #210  
CITY-ST-ZIP LAUDERHILL FL

TITLE S  
NAME GOLDBERG, CAROL  
STREET ADDRESS 3591 INVERRARY DR  
CITY-ST-ZIP LAUDERHILL FL

TITLE VP  
NAME GOLDBERG, RICHARD  
STREET ADDRESS 8580 N. W. 45 ST  
CITY-ST-ZIP SUNRISE 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

1.1 TITLE DP  
1.2 NAME HOWARD S. MILLER  
1.3 STREET ADDRESS 3230 WEST COMM. BLVD  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33309

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

3.1 TITLE V.P.  
3.2 NAME RICHARD GOLDBERG  
3.3 STREET ADDRESS 3230 WEST COMMERCIAL BLVD  
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33309

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

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

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/97 974 486 9003

Date

Daytime Phone #

CR2E034 (9/96)