

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**APPROVED
AND
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1998 APR 20 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # V 23987

1. Corporation Name
BECCERA & AUGUSTINO, M.D., INC.

Principal Place of Business Mailing Address
**601 NORTH FLAMINGO ROAD
SUITE 402
PEMBROKE PINES FL 33028**

3. Date Incorporated or Qualified: **3/26/92** 3a. Date of Last Report: **3-10-97**

4. FEI Number: **69-0375865** Applied for: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$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. Suite Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name: **JAY A. MARTUS**

82. Street Address (P.O. Box Number is Not Acceptable): **4651 SHERIDAN STREET**

83. **SUITE 402**

84. City: **HOLLYWOOD** FL 85. Zip Code: **33021**

11. 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: **Jay A. Martus, V.P.** (NOTE: The signed Agent signature required when registering)

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0447183-01047-014
***600200 ***450-80

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	JOSEPH BECCERA <input checked="" type="checkbox"/> DELETE	11. TITLE	P-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12. NAME	MITCHELL EISENBERG
STREET ADDRESS		13. STREET ADDRESS	4651 SHERIDAN STREET, SUITE 402
CITY-STATE-ZIP		14. CITY-STATE-ZIP	HOLLYWOOD FL 33021
TITLE	MICHAEL AUGUSTINO <input checked="" type="checkbox"/> DELETE	21. TITLE	EVP-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	LEWIS GOLD
STREET ADDRESS		23. STREET ADDRESS	4651 SHERIDAN STREET, SUITE 402
CITY-STATE-ZIP		24. CITY-STATE-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> DELETE	31. TITLE	VP-S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	JAY A. MARTUS
STREET ADDRESS		33. STREET ADDRESS	4651 SHERIDAN STREET, SUITE 402
CITY-STATE-ZIP		34. CITY-STATE-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> DELETE	41. TITLE	COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	MICHAEL SCHUMBER
STREET ADDRESS		43. STREET ADDRESS	4651 SHERIDAN STREET, SUITE 402
CITY-STATE-ZIP		44. CITY-STATE-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> DELETE	51. TITLE	T-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	DEWITT GATES
STREET ADDRESS		53. STREET ADDRESS	4651 SHERIDAN STREET, SUITE 402
CITY-STATE-ZIP		54. CITY-STATE-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> DELETE	61. TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	JOSEPH BECCERA
STREET ADDRESS		63. STREET ADDRESS	601 NORTH FLAMINGO ROAD SUITE 402
CITY-STATE-ZIP		64. CITY-STATE-ZIP	PEMBROKE PINES FL 33028

14. I do hereby certify that the information supplied with this filing complies and qualifies for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicates a correct, current report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 of this filing. If a change of or creation of a change with an address:

SIGNATURE: **Jay A. Martus, V.P.** **4/16/98** **951-986-7770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY A. MARTUS, V.P.

CR2004 (9/95)