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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V29771** **(5)**

1. Corporation Name

KLARA GERSHMAN, M.D., P.A.

Principal Place of Business	Mailing Address
6280 SUNSET DR STE 412 MIAMI FL 33143 US	6280 SUNSET DR. SUITE 412 S. MIAMI FL 33143 US

3. Date Incorporated or Qualified: **04/20/1992**

3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business	2a. Mailing Address
21 7000 S.W. 62 AVENUE	26 7000 S.W. 62 AVENUE
Suite, Apt. #, etc. 22 SUITE # 200	Suite, Apt. #, etc. 27 SUITE # 200
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33143 Country 25 USA	Zip 29 33143 Country 30 USA

4. FEI Number: **65-0327369** ☐ 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

GERSHMAN, KLARA
6280 SUNSET DR
STE 412
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: GERSHMAN, KLARA
82 Street Address (P.O. Box Number is Not Acceptable): 7000 S.W. 62 AVENUE
83 SUITE # 200
84 City: MIAMI **FL** 85 Zip Code: 33143

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] KLARA GERSHMAN 2.10.96
Signature of New Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1 1 TITLE	D	☒ Change ☐ Addition
NAME	GERSHMAN, KLARA		1 2 NAME	GERSHMAN, KLARA	
STREET ADDRESS	6280 SUNSET DR STE 412		1 3 STREET ADDRESS	7000 S.W. 62 AVENUE, SUITE # 200	
CITY-ST-ZIP	MIAMI FL		1 4 CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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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)(k), 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] KLARA GERSHMAN 2.10.96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #