SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # V71855 (3)

1. Corporation Name

STEVEN E. SELUB, M.D., PA

Principal Place of Business	Mailing Address
1531 W. 23RD STREET MIAMI BEACH FL 33140	1531 W. 23RD STREET MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/19/1992	02/08/1996

2. Principal Place of Business
21 4302 Alton Rd
22 Suite, Apt. #, etc. Suite 480
23 City & State Miami Beach, FL
24 Zip 33140 25 Country USA

2a. Mailing Address
26 13931 Luray Rd
27 Suite, Apt. #, etc.
28 City & State Ft Lauderdale, FL
29 Zip 33330 30

4. FEI Number 65-0345161   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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HECHTMAN, BARRY I. 8900 S.W. 107TH AVENUE MIAMI FL 33176-1451	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PVS** ☐ DELETE		1.1 TITLE PVS	☒ Change ☐ Addition
NAME **SELUB, STEVEN E.**		1.2 NAME STEVEN SELUB	
STREET ADDRESS **1531 W. 23RD STREET**		1.3 STREET ADDRESS 13931 LURAY RD	
CITY-ST-ZIP **MIAMI BEACH FL**		1.4 CITY-ST-ZIP Ft Lauderdale, FL 33330	
TITLE **TD** ☐ DELETE		2.1 TITLE TD	☐ Change ☐ Addition
NAME **SELUB, STEVEN E.**		2.2 NAME STEVEN SELUB	
STREET ADDRESS **1531 W. 23RD STREET**		2.3 STREET ADDRESS 13931 LURAY RD	
CITY-ST-ZIP **MIAMI BEACH FL**		2.4 CITY-ST-ZIP FT LAUDERDALE, FL 33330	
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	

CR2E034 (4/97)

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.