1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F10877

RICHARD G. SCHWARTZ, M.D., & JEFFREY V. STEIN, M .D., P.A.

Fincipal Flace of business	
1500 NOTH DIXIE HIGHWAY	,
C/O RICHARD G. SCHWARTZ.	M.

Mailing Address

1500 NOTH DIXIE HIGHWAY

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90048 010 ***150.00



	RD G. SCHWARTZ, M.D. C/O RICHARD G: SCHWARTZ, M.D. A BEACH FL 33401 WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE			
WEST PALM B	EACH FL 33401 WEST PALM DEACH FL 33401			3. Date Incorporated or Qualifed			
)		
	 				12/02/1980		
2. Principal F	Place of Business	Za. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2054625	No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			.5. Certifcate of Status Desired [\$8.75 A	
22		27				Fee Re	quired
City & Sta	te .	City & State	·		6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	v	8. This corporation owes the current year Intangible		
24	25	<u> </u>	,		Personal Property Tax.		
-7 1		Address of Current Registered Agent			10. Name and Address of New Registered Agent		
- :	4 (3 3 4 5 7)		81	Name	10. Statio Lite / Section 10.	<u> </u>	
SCF	WARTZ RICHARD G			1100110			1
S I FO	NORTH DIXIE HIGHWAY	JEFFEY LARET TO	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
D. WE	ST PALM BEACH FL 33401		<u> </u>	<u> </u>	Charles and the second some transfer of		
A ME	OI FALM DEACH FL 33401		83	1	· · · · · · · · · · · · · · · · · · ·		
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•		•	04	City	F	85 Zip C	,00e
11 Pursuant	to the provisions of Sections 607.050	02 and 607 1508. Florida Statutes	the abov	re-named como	oration submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in the State	of Florida, Such change was auth	norized by	the corporation	on's board of directors. I hereby accept the ap	pointment as reg	gistered
agent: I a	im familiar with, and accept the ebliga	ations of Section 607.0505, Florid	a Statutes	S.	I	(0.0	,:" : ,
SIGNATURE	flutary SC	le le			///2/	99	:
	Signature, typed or printed name of registered age		<u> </u>	nt signature required			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12 🐑 📗
	50						~
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14. I 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, with all other like empowered.