

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F45280** (7)

1. Corporation Name  
**SHERWOOD A. WEISMAN, D.P.M., P.A.**



Principal Place of Business Mailing Address  
**DELTONA MEDICAL ARTS CTR. STE 102** **DELTONA MEDICAL ARTS CTR. STE 102**  
**1555 SAXON BLVD** **1555 SAXON BLVD**  
**DELTONA FL 32725** **DELTONA FL 32725**

3. Date Incorporated or Qualified **09/18/1981** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **Lake Hill Center, Suite E** 26 **Lake Hill Center, Suite E**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **75 Fox Ridge Court** 27 **75 Fox Ridge Court**  
City & State City & State  
23 **DEBARY, FL** 28 **DEBARY, FL**  
Zip Country Zip Country  
24 **32713-2701** 25 **Volusia** 29 **32713-2701** 30 **Volusia**

4. FEI Number **59-2134065** 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 10. Name and Address of New Registered Agent  
**WEISMAN, SHERWOOD** 81 Name  
**514 BALSWOOD CT.** 82 Street Address (P.O. Box Number is Not Acceptable)  
**ALTAMONTE SPRINGS FL 32714** 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 *Sherwood A. Weisman* DATE **4-15-96**  
Signature, typed or printed name of registered agent and title, if applicable. (Initials) Registered Agent's signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISMAN, SHERWOOD</b>	1.2 NAME	
STREET ADDRESS	<b>514 BALSWOOD CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISMAN, SHERWOOD</b>	2.2 NAME	
STREET ADDRESS	<b>514 BALSWOOD CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Sherwood A. Weisman* DATE: **4-15-96** (Typed Name) TELEPHONE # **407-668-5744**  
Signature, typed or printed name of signing officer or director. (Typed Name)

CR2E034 (12/95)