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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

FRED S. MANN, M.D., P.A.

Principal Place of Business Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



1313 SW 27TH AVE MIAMI FL 33145 US				1313 SW 27TH AVE MIAMI FL 33145 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1989	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For 65-0126632 Not Applied be Not Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.						00 TE	
22			27						5. Certificate of Status Desired	
City & State			City & State						6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution		
Zip Country				Zip Country					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	,							Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
g. Name and Address of Current Registered Agent MANN, FRED S.						81 Name				
	3 SW 27TH AVE					_	`` A .	t Address (P.O. Box Number is Not Acceptable)		
1	MI FL 33145		82 Str			3	oleer Ar	Radiess (F.O. Box Number is Not Acceptable)		
						83				
						84	_	City	85 Zip Code	
								•	FL ·	
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 reoffice 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 regarded, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
	n familiar with, and act	sebt tue obligation	ns or, o	ection 607.0505, F	vorida a	Statutes	s.			
SIGNATURE 5	Signature, typed or printed nam	e of registered agent an	nd title if ap	plicable (NO	TE: Regis	tered Age	int s	ignature re	required when reinstating) DATE	
12.		FFICERS AND D			1	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TETLE	D			☐ DELETE	1	.1 TITLE		***	Change Addition	
NAME	MANN, FRED S.				1	.2 NAME				
STREET ADDRESS	1541 BRICKELL	\VE #3403			1	.3 STREET	ADE	DRESS		
CITY-ST-ZIP	MIAMI FL			I'l severe		.4 CITY - ST	T-Z	IP `	I Ohanna Addition	
TITLE				☐ DELETE		.1 TITLE			☐ Change ☐ Addition	
NAME						2 NAME				
STREET ADDRESS						3 STREET				
CITY-ST-ZIP TITLE				DELETE		. 4 CITY - S	51-2	ZIP	Change Addition	
NAME						2 NAME				
STREET ADDRESS						3 STREET	ADC	ORESS		
CITY-ST-ZIP						4. CITY-S				
TITLE				DELETE		.1 TITLE	2		Change Addition	
NAME					4.	. 2 NAME		ļ		
STREET ADDRESS					4.	3 STREET	ADD	DRESS		
CITY-ST-ZIP					4.	.4 CITY-\$1	T- 21	IP		
TITLE				DELETE	5.	1 TITLE			☐ Change ☐ Addition	
NAME					5.	2 NAME				
STREET ADDRESS					5.	3 STREET	ADD	DRESS		
CITY - ST - ZIP				·		4 CITY - ST	T-Z	IP		
TITLE				LLI DELETE		.1 TITLE			. Change Addition	
NAME					- 1	2 NAME				
STREET ADDRESS						3 STREET				
CITY-ST-ZIP		and the state of the state of				4 CITY-S1			d in Section 119 07/3/(i) Florida Statutes 1 further certify that the information	

Indicated on this annual report or supplied with this filing coes not qualify for the exemption stated in Section 119.07(f), Florida Statutes. Further centry that the 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: