## 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 # M23540

(1)

MARC Z. HAMMERMAN, M.D., P.A.

FILED Apr 03 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address									1 (00/00) 1/8 //600 //601 6/14/ 0/0// 40// 31/		IPALBITA ITT
· ·	ERIDAN ST			4490 PLAYER ST							
	OOD FL 33021			HOLLYWOOD FL 33021					DO NOT INDITE IN I	THO ODAOC	
U\$									DO NOT WRITE IN 1  3. Date Incorporated or Qualified	THIS SPACE	
									11/18/1985		
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	<del></del>	Applied For
21				26 Suite, Apt. #, etc.					59-2602827		Not Applicable
Suite, Apt. #, etc.				27 Suite, Apt. #, etc.					5. Certificate of Status Desired	*	Additional Required
City &	State			City & State			_		6. Election Campaign Financing	\$5.00	May Be
23				28					Trust Fund Contribution		l to Fees
	Zip Country			Zip Coul			У	This corporation owes or has paid the current year Intangible     Personal Property Tax due June 30.     Yes  No			
24 25 9. Name and Address of Curre			f Current Rec						Personal Properly Tax due June 30. Yes I No  10. Name and Address of New Registered Agent		
	HAMMERMAI			,	·	81	81 Name				
	4310 SHERIC						1	Street Address	ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021							1		sss (r.O. Dox Number is Not Acceptable)		
						83	<u>'</u>				
						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.	Signature, typic		ERS AND DIR		(101)	13.	,011	i signatore required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PST				DELETE	1.1 TITLE				☐ Change	Addition
NAME HAMMERMAN, MARC Z.				1.2 M							
STREET ADDRESS 4310 SHERIDAN ST HOLLYWOOD FL				1.3 \$			T A	DORESS			
CITY-ST-ZIP	HULLY	WUOU FL				1.4 CITY-	\$1-	- ZIP			11
TITLE					DELETÉ	2.1 TITLE				Change	☐ Addition
NAME						2.2 NAME					j
STREET ADDR	ESS					2.3 STREE		i			ļ
CITY-ST-ZIP	<del>-</del>		<del> </del>		DELETE	2. 4 CITY- 3.1 TIYLE	5	- 214		Change	Addition
NAME						3.2 NAME					_
STREET ADDR	ESS					3.3 STREE		ADDRESS			
CITY+ST-ZIP						3.4. CHY-	ST	- ZIP			
TITLE					DELETE	4.1 TITLE				Change	Addition
NAME						4. 2 NAME	E				
STREET ADDR	ESS					4.3 STREE	ΤA	ADDRESS			İ
CITY-ST-ZIP						4.4 CITY-	ST-	- ZIP			
TITLE					DELETE	5.1 TITLE				Change	Addition
NAME						5.2 NAME					
STREET ADDR	ESS [					5.3 STREE					
CITY-ST-ZIP	<del></del>			<del></del>	DELETE	5.4 CITY-	ST-	- ZIP		Channe	Addition
TITLE					DELETE	6.1 TITLE		-		☐ Change	☐ Addition
NAME CTOCCT ACOUS	ree l					6.2 NAME		ODDITCO			
STREET ADDR	155			/	1	6.3 STREE					
CITY-ST-ZIP	by certify that th	no information sur	polica with thi	is Iling does no	ot qualify fo	6.4 CITY-		an atatad in D	ection 119.07(3)(i), Florida Statules, 1 furth	ner certify that th	e information
14. I hereby certify that the information supplied with this fling 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 in trustee embedding that the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attack your with an address.											