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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**



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

DOCUMENT # P94000075110 (4)

1. Corporation Name
MARK S. SHACHNER, M.D., P.A.



Principal Place of Business: **8130 ROYAL PALM BEACH BLVD SUITE 204 CORAL SPRINGS FL 33065**

Mailing Address: **8130 ROYAL PALM BEACH BLVD SUITE 204 CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **10/13/1994**

3a. Date of Last Report: **08/02/1996**

4. FEI Number: **65-0525393**

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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

SHACHNER, MARK S MD
8130 ROYAL PALM BEACH BLVD SUITE 204
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

D DELETE

1 TITLE: **SHACHNER, MARK S MD**

2 NAME: **SHACHNER, MARK S MD**

3 STREET ADDRESS: **8130 ROYAL PALM BEACH BLVD SUITE 204**

4 CITY-ST-ZIP: **CORAL SPRINGS FL 33065**

5 TITLE: DELETE

6 NAME: **Shachner, Robm**

7 STREET ADDRESS: **8130 Royal Palm Blvd #204**

8 CITY-ST-ZIP: **Coral Springs FL 33065**

9 TITLE: DELETE

10 NAME: _____

11 STREET ADDRESS: _____

12 CITY-ST-ZIP: _____

13 TITLE: DELETE

14 NAME: _____

15 STREET ADDRESS: _____

16 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE: Change Add-on

18 NAME: _____

19 STREET ADDRESS: _____

20 CITY-ST-ZIP: _____

21 TITLE: Change Add-on

22 NAME: _____

23 STREET ADDRESS: _____

24 CITY-ST-ZIP: _____

25 TITLE: Change Add-on

26 NAME: **Treasurer**

27 STREET ADDRESS: **Shachner, Robm**

28 CITY-ST-ZIP: **8130 Royal Palm Blvd #204**

29 TITLE: Change Add-on

30 NAME: **Secretary**

31 STREET ADDRESS: **Zaragoza, Bernard, Jr**

32 CITY-ST-ZIP: **8130 Royal Palm Blvd #204**

33 TITLE: Change Add-on

34 NAME: _____

35 STREET ADDRESS: _____

36 CITY-ST-ZIP: _____

37 TITLE: Change Add-on

38 NAME: _____

39 STREET ADDRESS: _____

40 CITY-ST-ZIP: _____

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.

SIGNATURE:  **Mark S. Shachner M.D., P.A., 3/17/97 954-755-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)