

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 AUG -5 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000000634 (2)
1. Corporation Name
JAMES A. FLEISCHMAN, M.D., P.A.

Principal Place of Business: 1441 E OCEAN BLVD, STUART FL 34996
Mailing Address: 1441 E OCEAN BLVD, STUART FL 34996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 JUPITER, FL
24 Zip: 24 33477
25 Country: 25 USA

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report: 07/05/1996
4. FEI Number: 65-0555254
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FORBES, PHILIP H
222 US HWY ONE
SUITE 202
TEQUESTA FL 33469

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FLEISCHMAN, JAMES A | |
| STREET ADDRESS | 1441 E OCEAN BLVD | |
| CITY-ST-ZIP | STUART FL 34996 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 800002261998--7 |
| 3.3 STREET ADDRESS | -08/08/97--01106--020 |
| 3.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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: *[Signature]*

CR2E034 (4/97)

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DIVISION OF CORPORATIONS
ANNUAL REPORTS - SECTION
TALLAHASSEE, FL

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT THE
MAILING ADDRESS FOR THE CORPORATION REPORT,
FIRST NOTICE, WAS INCORRECT, AND I NEVER
RECEIVED THAT FIRST REQUEST. I HAVE
CORRECTED MY CORPORATE MAILING ADDRESS AS
REQUESTED.

I HAVE ENCLOSED A CHECK FOR
\$165⁰⁰ AS THE NORMAL REPORTING FEE.

THANK YOU FOR YOUR ATTENTION TO
THIS MATTER.

SINCERELY,

James A. Fleischman

JAMES A. FLEISCHMAN