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Mar 03 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 # P96000014209 (6)

1. Corporation Name
ROGER W. SCHULER, M.D., P.A.



Principal Place of Business: 5800 COLONIAL DRIVE SUITE 405 MARGATE FL 33063

Mailing Address: 5800 COLONIAL DRIVE SUITE 405 MARGATE FL 33063-5677

3. Date Incorporated or Qualified: 02/15/1996

3a. Date of Last Report

4. FEI Number: 65-0644748

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

2. Principal Place of Business

21. Suite/Apt #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite/Apt #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

SCHULER, BRADLEY W
2898 UNIVERSITY DRIVE
SUITE 64
CORAL SPRINGS FL 33085

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

OWNER

1.1 TITLE: OWNER DELETE

1.2 NAME: ROGER W SCHULER

1.3 STREET ADDRESS: 5800 COLONIAL DR SUITE 405

1.4 CITY-ST-ZIP: MARGATE, FL 33063

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change 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: *Roger W. Schuler* Roger W. Schuler 1-29-97 9797020
Date: 1-29-97 Daytime Phone: 954-

CR2E034 (9/96)