

**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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97001-6 PM 3:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000083372 (8)
1. Corporation Name
MICHELE G. MORROW, D.O., P.A.

Principal Place of Business: 601 NORTH FLAMINGO ROAD, SUITE 400, PEMBROKE PINES FL 33028
Mailing Address: 601 NORTH FLAMINGO ROAD, SUITE 400, PEMBROKE PINES FL 33028

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. City & State
24. Zip, Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1996
3a. Date of Last Report: None
4. FEI Number: 1650706564
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
MORROW, MICHELE G D.O.
601 NORTH FLAMINGO ROAD
SUITE 400
PEMBROKE PINES FL 33028

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: 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 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

1. Same as Above
2. Michele G. MORROW D.O., 601 North Flamingo Road, Suite 400, Pembroke Pines, Florida 33028
3. [Blank]
4. [Blank]
5. [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Handwritten notes: Title: president, vice president, secretary, treasurer, CEO

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***165.00 ***165.00

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 _____ 9/17/97 1954 43/13/2

CR2E034 (4/97)

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MICHELE G. MORROW, D.O., P.A.

Board Certified Family Physician
Diplomate American Board of Family Practice

September 17, 1997

To Whom This May Concern:

I incorporated my business on October 9, 1996 and this has been my first year in business.

I have been informed that I must pay a fee for 1997. I recently received corporation papers which were marked "second notice"; however, I did not receive a first notice and was never made aware that a fee was to be paid so close to my original incorporation date.

I have enclosed the fee for \$165.00 to continue my incorporation status for 1997.

Under the circumstances, I am requesting that you please waive any additional fees as it would be a great financial stress and I was not made aware of this until recently.

Thank you for your understanding and cooperation in this matter.

Sincerely,



Michele G. Morrow, D.O.

MGM/dm