

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90156 029 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000012368**

1. Corporation Name  
**BERND WOLLSCHLAEGER, MD, P.A.**



Principal Place of Business: 7933 WEST DRIVE UNIT #506 NORTH BAY VILLAGE FL 33141  
 Mailing Address: 7933 WEST DRIVE UNIT #506 NORTH BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/06/1997**

4. FEI Number: **65-0731167** Applied For:  Not Applicable

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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 **3575 NE 207th Str.** Suite, Apt. # etc. **B6** City & State: **Aventura FL** Zip: **33180** Country: **USA**

2a. Mailing Address: 26 **3575 NE 207th Str.** Suite, Apt. # etc. **B6** City & State: **Aventura FL** Zip: **33180** Country: **USA**

9. Name and Address of Current Registered Agent  
**WOLLSCHLAEGER, B**  
**7433 W DRIVE,**  
**STE 506**  
**N BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent  
 81 Name: **Bernd Wollschlaeger, MD**  
 82 Street Address (P.O. Box Number is Not Acceptable): **3575 NE 207th Str.**  
 83 **St. B6**  
 84 City: **Aventura FL** 85 Zip Code: **33180**

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: *B. Wollschlaeger* DATE: **4/28/99**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WOLLSCHAEGER, BERND</b>
STREET ADDRESS	<b>7933 WEST DRIVE, UNIT #506</b>
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>
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	<b>CEO &amp; President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bernd Wollschlaeger, MD</b>
1.3 STREET ADDRESS	<b>3575 NE 207th Str. B#6</b>
1.4 CITY-ST-ZIP	<b>Aventura FL 33180</b>
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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Bernd Wollschlaeger* DATE: **4/28/99** DAYTIME PHONE #: **(305) 937-0700**

CR2E034 (11/98)