

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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
~~1997~~ 1998



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

DOCUMENT # **S55851**
 1. Corporation Name
CYNTHIA SPELLMAN, M.D., P.A.

Principal Place of Business Mailing Address
4210 SOUTH UNIVERSITY DR. SUITE 3 DAVIE FL 33328
4210 SOUTH UNIVERSITY DR. SUITE 3 DAVIE, FL 33328

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt #, etc. | 27 | Suite, Apt #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | | | |
|----|--|---|---------------------------------------|
| 3. | Date Incorporated or Qualified | 3a. | Date of Last Report |
| | 5/24/91 | | 1997 |
| 4. | FBI Number | Applied For | |
| | 65-0273240 | <input type="checkbox"/> Not Applicable | |
| 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
SPELLMAN, CYNTHIA M.D.
4210 SOUTH UNIVERSITY DR.
SUITE 3
DAVIE, FL 33328

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

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-------------------------------|--------------------------|
| TITLE | PST D | <input type="checkbox"/> |
| NAME | SPELLMAN, CYNTHIA M.D. | |
| STREET ADDRESS | 4210 S. UNIVERSITY DR. | |
| CITY-ST-ZIP | DAVIE, FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|----------------|--------------------------|--------------------------|
| 1.1 | TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | NAME | | |
| 1.3 | STREET ADDRESS | | |
| 1.4 | CITY-ST-ZIP | | |
| 2.1 | TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 | NAME | | |
| 2.3 | STREET ADDRESS | | |
| 2.4 | CITY-ST-ZIP | | |
| 3.1 | TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 | NAME | | |
| 3.3 | STREET ADDRESS | | |
| 3.4 | CITY-ST-ZIP | | |
| 4.1 | TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 | NAME | | |
| 4.3 | STREET ADDRESS | | |
| 4.4 | CITY-ST-ZIP | | |
| 5.1 | TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 | NAME | | |
| 5.3 | STREET ADDRESS | | |
| 5.4 | CITY-ST-ZIP | | |
| 6.1 | TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 | NAME | | |
| 6.3 | STREET ADDRESS | | |
| 6.4 | CITY-ST-ZIP | | |

Handwritten signature

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: _____ **6/4/98**

CR2E034 (9/96)