## 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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	FILED
Jul 21	1997 8:00am
Secr	etary of State

DOCUI 1. Corporation SCOTT	n Name	# <b>K2</b> ; LLER, M.D.,	3722 P.A.		(7)								
Principal Place	e of Busines	SS		Mailing Ad	ldress				1 100/BIN 010 I	1 <b>80</b> 0 1818 1 <b>0010</b> 16010		ARRII DIAN DIDI	
333 NORTHWE	ST 70 AVEN	NUE		333 NORTI	HWEST 70 AV	ENUE							
SUITE 107				SUITE 107						DO NOT WIDE	נר וגו דגוור פ	PRACE	
PLANTATION (	FL 33317			PLANTATIC	ON FL 33317			}	3. Date Incorpor	DO NOT WRI		te of Last Re	enori
									05/12/198	_ '	1 -	18/1996	орон
2. Principal P	ace of Busi	noss		2a. Mailing	Address				4. FE! Number	V			oplied For
21				26					65-00630	092		No	t Applicable
Suite, Apt.	#, etc.			<b>├</b> ─	Apt. #, etc.			-	5. Certificate of	Status Desired		\$8.75	
City & State				27 City & 5	State				6 Floation Octor	colon Financiae		Fee Re	
23	o			28	Diato				6. Election Camp Trust Fund Co			<b>\$5.00</b> Added t	
Zip		Country		Zip		Country	/		8. This corporati	· · · · · · · · · · · · · · · · · · ·	paid the curr		
24		25	77 7 3 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	29		30	***			erty Tax due Jui			] No
		and Address	of Current A	legistered Ac	gent	81			10. Name and A	dress of New I	Registered A	(gent	
155 PEN	BEL, STUA SOUTH N NTHOUSE MIFL 331	MAMI AVENU	<u> 200</u>	ease n ML A WAd	ote gend dress	82 83 84	Suite	ود انع دا (	Stuar Kreet, Krim 12,201 A) Unbles			- So b	8 <mark>. p.a.</mark> 13134
office or r agent. I a SIGNATURE	egistered as m familiar w	gent, or both, in vith, and accept A CA d or prive name of	the State of the obligation Tust registered agent a	Florida, Such ons of, Section and title if applicable	change was 607.0605, Fi	authorized by lorida Statutor JE: B gistered Age	y the corpor s.	oration		ors. I hereby acc	DATE	ointment as	registered
12.		OFFI	CERS AND D	DIRECTORS	Doute	13.	<sub> </sub> -		ADDITIONS/CH	IANGES TO OF			RS IN 12
TITLE NAME	D	er, scott d		i	L DELETE	1.1 HILE 1.2 NAME						L Change	
STREET ADDRESS		70TH STREE				1.3 STREET	2239004						
CITY-ST-ZIP		TION FL	# 107			1.4 CiTY - S							
TITLE					DELETE	2.1 TITLE						Change	Addition Addition
NAME						2.2 NAME							
STREET ADDRESS						2.3 STREET	ADDRESS						
CITY-ST-ZIP					T AFLER	2.4 CITY - S	S1 - ZIP					<del>гэ</del>	
TITLE					DELETE	3.1 TITLE						☐ Change	Addition
NAME CONTEX ADDRESS						3.2 NAME	LADDOCCO						
STREET ADDRESS CITY-ST-ZIP						3.3 STHEET							
TITLE					DELETE	4.1 TillE	31-211					Change	Addition
NAME						4. 2 NAME						-	
STREET ADDRESS						4.3 STREE1	ADDRESS						
CITY-ST-ZIP						4.4 CITY - S	S1 - ZIP						
THLE					DELETE	5.1 TITLE	į					Change	Addition
NAME						5.2 NAME							
STREE1 ADDRESS						5.3 STREFT							
CITY-ST-ZIP TITLE					DELETE	5.4 CITY - S 6.1 TITLE	ST - ZIP					Change	Addition
NAME						6.1 HILE 6.2 NAME	ļ						AUDITION
STREET ADDRESS						6.3 STREET	ADDRESS						l
CITY-ST-ZIP						6.4 CITY - S							
14 Ldo berek	y certify the	at the information	n supplied w	ith this filing o	does not qual	ity for the eye	motion stat	ted in	Section 119.07(3	)(i). Florida Statu	tes. I further	certify that	the
Informatio I am an of appears in	n indicated fficer or dire n Block 12 d	on this annual ector of the 2015 or Block 13 if 2	report or sup poretion or the paraged or or	pier ontal and reseiver or to nas attachme	nuai report is i trusce empov ny an ad	true and acci vered to exec dress.	urate and the cute this rep	nat my port a	y signature shall h s required by Cha	ave the same le pter 607, Florida	gai eriect as : Statutes; ar	if made und id that my n	der oath; that name

## 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.)

COF	PROFIT RPORATION JAL REPORT 1997		<b>Sandra E</b> Secreta	RIMENT OF STATE  Mortham  ry of State  CORPORATIONS		
	MENT # K2  D. SMOLLER, M.D.	3722 P.A.	(7)			
		,, , ,,,,			] 103/0/11 0/0 /1000 1111/ 100/0 140/	
,	e of Business EST 70 AVENUE FL 33317	333 NC SUITE	Address DRTHWEST 70 AVE 107 ATION FL 33317	NUE	DO NOT WR	TE IN THIS SPACE
					3. Date Incorporated or Qualifie	
	lace of Business	2a. Mail	ling Address	, , , , , , , , , , , , , , , , , , ,	<b>05/12/1988 4.</b> FET Number	<b>04/18/1996</b> Applied For
Suite, Apt.	#, etc.	26 Suite	e, Apt. #, etc.		65-0063092	Not Applicable  \$8.75 Additional
City & Ctat		27			5. Certificate of Status Desired	Fee Required
City & Stet	Ð	Cily 28	& State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be  Added to Fees
Zip	Country	Zip		Country	8. This corporation owes or has	paid the current year Intangible
24	25 25 Name and Address	29   s of Current Registered	Agent	30	Personal Property Tax due Ju 10. Name and Address of New	
PEI	5 south Miami Avenu Nthouse IMI FL 33130	5 New A	Agent	83 Swite	gfired, Riveral/erm 1102, 201 Alham bro Cadoles	Ner Dela Breet Sobel, P.A. Circle
11. Pursuant office or ragent. 1 a	egistered agent, or both, in manufacture from tamiliar with, and accept the following	ns 607,0502 and 607,15 in the State of Florida St in the obligations of, Sec the Company of the Italy of registered agent and title if applie	uch change was a dion 607.0505, Flo	os, the above-named corporate the corporate that th	poration submits this statement for the lion's board of directors. I hereby according when rejustating)	e purpose of changing its registered cept the appointment as registered
12. TITLE	OFF D	ICERS AND DIRECTOR		13.		ICERS AND DIRECTORS IN 12
NAME	SMOLLER, SCOTT D	) <b>.</b>	□ ntrut	1.1 THILE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	333 NW 70TH STREE	ET #107		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PLANTATION FL		DELETE	1.4 CHY- ST- ZIP 2.1 THLE		Change Addition
NAME			E Decert	2.2 NAME		C Change C Moutton
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETÉ	2. 4 CITY - \$1 - ZIP 3.1 TITLE		Change Addition
NAME				3.2 NAME		C ounds C vocusu
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - \$1 - ZIP 4.1 TITLE		Change Addition
NAME			C. Otter	4 2 NAME		Change
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP			1-	4.4 CiTY-ST-ZIP		
TITLE			☐ DELETE	51 TiTLE		☐ Change ☐ Addition
NAME Street address				5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - S1 - ZIP		
TITLE			DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
						l
CITY-ST-ZIP 14. I do hereb	by certify that the information	on supplied with this filin	ig does not qualify	6.4 C/TY-ST-Z/P y for the exemption stated	in Section 119.07(3)(i), Florida Statu ny signature shall have the same le Las required by Chapter 607, Florida	tes. I further certify that the