

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.)

APPROVED
AND
FILED

1997 JUL 29 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **523408**

(3)

1. Corporation Name
JACK D. NORMAN, M.D., P.A.

Principal Place of Business

Mailing Address

**848 BRICKELL AVENUE
940
MIAMI FL 33131
US**

**848 BRICKELL AVE
940
MIAMI FL 33131
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1977	3a. Date of Last Report 07/02/1996
4. FEI Number 59-1718484	Applied For <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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **8290 LARAMPA ST**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORMAN, JACK D MD
8290 LA RAMP STREET
CORAL GABLES FL 33143**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NORMAN, JACK D	
STREET ADDRESS	8290 LARAMPA STREET	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORMAN, ANN S	
STREET ADDRESS	8290 LARAMPA STREET	
CITY-ST-ZIP	CORAL GABLES FL	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	300002256863--5
3.4 CITY-ST-ZIP	-08/04/97--01136--008
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	****165.00 ****165.00
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 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, changed, or on an attachment with an address.

SIGNATURE: **[Signature]** SIGNATURE REQUIRED

7/29/97 3:05 PM

CR2E034 (4/97)



SHECKNER & BEREZIN CPAS

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Scheckner & Berezin CPA's
1500 San Remo Ave. #235
Coral Gables, FL. 33146

Telephone (305) 667-7877
Fax (305) 667-9958
e-mail: cpausa@netrunner.net

July 18, 1997

Division of Corporations
Florida Department of State
PO Box 1500
Tallahassee, FL 32302-1500

Subject: Jack D. Norman, M.D. P.A. Annual Report 1997

Please find enclosed the completed Annual Report of the above described corporation. The taxpayer respectfully requests that the additional filing fee be waived and the enclosed check for \$165 be accepted for the reasons set forth below.

The taxpayer did not receive the original Annual Report form but did received the 2nd notice. However, the director of the corporation was in an automobile accident and was unable to attend to the filing when the 2nd notice was received. The taxpayer has always timely filed its annual report. We would greatly appreciate the understanding of the State of Florida with respect to this matter.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, reading "Martin L. Scheckner".

Martin L. Scheckner