

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

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90 FEB 26 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # 523400

1. Corporation Name
Jack D. Norman, M.D. P.A.

Principal Place of Business Mailing Address
848 Brickell Avenue
Suite 940
Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/01/1977

4. FEI Number
59-1718484

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 c/o Scheckner

22 City & State 27 7201 SW 110 Terrace

23 Zip 28 Miami, FL

24 Country 29 33156 30 USA

9. Name and Address of Current Registered Agent
Norman, Jack D.
848 Brickell Avenue
Suite 940
Miami, FL 33131

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> DELETE Norman, Jack D 8290 LaRampa Street Coral Gables, FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> DELETE Norman, Ann S. 8290 LaRampa Street Coral Gables, FL 33143	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	400002793404 -03/03/99--01060--010 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	400002793404 -03/03/99--01060--013 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
01-26/99 (305) 710-3911
Date Daytime Phone #

2012

1001 Brickell Bay Drive - 9th Floor
Miami, FL 33131
(305) 373-5500 X202 (305) 373-0056 Fax
Direct Line (305) 710-3911

Martin L. Scheckner, CPA

January 29, 1999

Florida Department of State
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

In Re Jack D Norman MD PA
Federal TIN 59-1718484

Dear Sir or Madam:

Please find enclosed the 1998 Florida Annual Report of Jack D. Norman MD PA. The taxpayer never received the 1998 Annual Report forms. Apparently, the forms were not being sent to the correct address and were not received. This became evident when a notice of administrative dissolution was received. This matter has been discussed with the office of the Department of State. I was advised to submit the form enclosed along with a check for \$150 and the report would be accepted. The taxpayer regrets any inconvenience that this may have caused the state and all future reports will be timely.

Sincerely,



Martin L. Scheckner