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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 465463

(8)

DRS. SHULL, SCHERER & PALGON, P.A.

FILED	
Apr 15 1997 8:00ar	n
Secretary of State	



Principal Place of Business Mailing Address 2500 EAST HALLANDALE BEACH BOULEVARD SUITE 300 HALLANDALE FLORIDA 33009 HALLANDALE FLORIDA 33009-4				JUL	EVARD	3. Date Incorporated or Qualified 11/25/1974 3a. Date of Last Report 04/16/1996	\neg
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
[21] [26]						59-1559931 Not Applicat	ote
Suite, Apt	#, etc	Suite, Apt. #, etc.				Certificate of Status Desired \$8.75 Additional	
22		27				Fee Required	
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip E≕i	Country	Zip	├ ──	Country		8. This corporation has liability for intangible tax under s. 199.032,	- 1
24	25 9. Name and Address of Curre	29	30]			Florida Statutes	
CHI	LL. STEWART D MD	III uadisteran Wanic		Bi	Name		
) E HALLANDALE BEACH BOUL	FVARO					
	LANDALE FL 33009	LIMU		82	Street .	t Address (P.O. Box Number is Not Acceptable)	
, ,				83	L		
i							
:				64	City	FL 85 Zip Code	- 1
agent La SIGNATURE	to the provisions of Sections 607 055 egistered agent, or both, in the State in familiar with, and accept the oblig Structure, typical or protest name of trip parent ag	gations of, Section 607.0505, FI	lorida Stat	lutes	S.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered referred when reinstatrol.	ed 1
12.		ID DIRECTORS	13.	a ngo	ert eräilatale	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ g
PILE	PD	DELETE	1.1 TITLE			Change Addit	ion g
NAME	SHULL, STEWART D MD.			AME		1	3
STRÉET ADDRESS	2500 E. HALLANDALE BEACH	BOULEVARD	1.3 ST	1.3 STREET ADDRESS] [
CHY-SI-ZIP	HALLANDALE FL		1,4 CI	TY-S	T-ZIP		0
THE	VPO	☐ DELETE	2.1 Ti	TLE		VPD K Change	ion C
NAME	SCHERER, HENRY M		2.2 N	AME		SCHERER, HENRY MD.	
STREET ADVIRESS	5507 CEDAR HURST AVE		2.3 \$1	FREET	ADDRESS	1.5	- }
CITY - S1 - ZIP	CEDARHURST NY	Llectore			ST - ZIP	HALLANDALE FL	
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NAME			3.2 N		4DDDC00	PALGON, NORMAN M. MD.	
STREET ADDRESS					ADDRESS		-
CHY-ST-ZIP TITLE		DELETE	3.4. U		ST-ZIP	HALLANDALE FL Chance Addit	ion
NAME		Sand sector of	4.2 N			Section of the sectio	
SUBSELLADORESS	·				ADDRESS	.] .	
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OTY-SL-ZIP			5.4 C	TY-\$	T-21P		
THILF		☐ DELETE	6.1 11	TLE		Change Addit	ion 🗍
NAMi			6.2 N	AME			
STREET ADORESS			6.3 \$	TREET	ADDRESS		}
CHY-ST-74					T-ZIP		
14. 1 do here!	ay desidy that the information supplie	ed with this filing does not gual	lity for the	AYA	motion s	stated in Section 119.07(3)(i). Florida Statutes, I further certify that the	- 1

Information indicated on this annual report or supplies when an iming over not quality for the exemption stated in Section 119.07(3)(I), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 chapter or on an attachment with an address.

SIGNATURE:

Stewart D Shull ND President
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

(954) 458-7766