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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

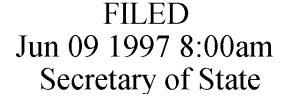
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

GEORGE C. SCHWARZ M.D., P.A.





Principal Place	e of Business	Mailing Address	Mailing Address			1 1881II UIOO 10103 UIII UIGIB OITOO TIII OIDII OI				
3617 CROWN PT RD STE 5 JACKBONVILLE FL \$2257-5831		3617 CROWN PT RD STE 5 JACKSONVILLE FL 32257-5831								
						3. Date Incorporated or Qualified 10/01/1975	1	e of Last 21/1996	. 1	
2. Principal Pl	ace of Businoss	2a. Mailing Address			4. FEI Number			Applied For		
21		26			59-1623904			Not Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State)	City & State				6. Election Campaign Financing			D May Be	
23		28	28			Trust Fund Contribution	\nearrow	Added to Fees		
Zip	Country	Z _(p) Countr		nlry		8. This corporation has liability for intangible tax under s. 19			s. 199.032,	
24	25	29	30				ya Yes □ No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent		
SCH	IWARZ, EVA-MARIA			81	Name					
130		1	82	Street Addr	ess (P.O. Box Number is Not Accepta	ole)				
	KSONVILLE FL 32223				1					
	•			83						
	•		•	84	City		FL	85 Zip	Code	
11. Pursuant t	o the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Stat of Florida. Such change wa- tions of Section 607.0505	tutes, the ab s authorized Florida Stati	L Pove d by	named corp the corporal	oration submits this statement for the ion's board of directors. I hereby acce	Jurnose of	LI. changing iintment a	its registered s registered	
SIGNATURE	Signature, typed or printed frame of registered ager					ed when remistating)	DATE			
12.	OF LICERS AND		13 .		a signame requi	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	
TITLE			1111	11100				Change	Addition	
NAME	SCHWARZ, EVA MARIA		12 N						;	
STREET ADDRESS	13020 FERN BANK LANE		135		ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL			4 City - St - 7iP						
TITLE				2.1101.6				Change	Addition	
NAME	SCHWARZ, GEORGE		2.2 NAME							
STREET ADDRESS	13020 FERN BANK LANE		2 3 SINER		ADDRESS				ļ	
CITY-ST-ZIP	JACKSONVILLE FL			2 4 City+St+Zif*						
TITLE	<u> </u>	DELFTE		3 1 1/1UF				Change	Addition	
NAME			3.2 NA	MŁ					İ	
STREET ADDRESS			33 ST	REF1 A	ADDRESS					
CITY-ST-ZIP			3.4. Čl	11Y - S	1 - 7IP				İ	
TITLE		DELETE 4:		4 1 11TLF		and the second of the second o		Change	Addition	
NAME			4 2 N/	AME						
STREET ADDRESS			4351	REL 1 A	ADDRESS					
CITY-ST-ZIP			4.4 C)	IY-ST	-7IP					
TIFLE		☐ DELF FE		5 1 TITLE				Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 ST	RELT A	ADDRESS					
CITY-ST-ZIP			5.4 CI		1					
TITLE		☐ DELE1E	6 1 TIT					Change	Addition	
NAME			6.2 NA	M(
STREET ADDRESS					ADORESS					
CITY-ST-ZIP			6 4 CI							
2117 Q1 L1										

exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the account and that my signature shall have the same legal effect as it made under oath; that pay util the report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information supplied with this information indicated on this annual report or supplement Lam an officer or director of the corporation appears in Block 12 or Block 13 if changed