

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

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**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 509813 (2)**  
1. Corporation Name  
**JELLINGER, NOVAK, GELMAN & LERMAN, M.D., P.A.**



Principal Place of Business: 1150 N 35TH AVE, SUITE 590, HOLLYWOOD FL 33021 US  
Mailing Address: 1150 N 35TH AVE, SUITE 590, HOLLYWOOD FL 33021-5431 US

3. Date Incorporated or Qualified: 08/06/1976  
3a. Date of Last Report: 04/01/1996  
4. FEI Number: 59-1681317  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: PRESS, MARTIN, 500 E. BROWARD BLVD., FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ DATE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO JELLINGER, PAUL S	1.1 TITLE	
NAME	1150 N 35TH AVE, SUITE 590	1.2 NAME	
STREET ADDRESS	HOLLYWOOD, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S NOVAK, STEPHEN B	2.1 TITLE	
NAME	1150 N 35TH AVE, SUITE 590	2.2 NAME	
STREET ADDRESS	HOLLYWOOD, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP GELMAN, KENNETH	3.1 TITLE	
NAME	1150 N 35TH AVE, SUITE 590	3.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LERMAN, SAM	4.1 TITLE	
NAME	1150 N 35TH AVE, SUITE 590	4.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: *4/24/97* (954) 963-7115

CP2E034 (9/96)