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

**PROFIT** CORPORATION ANŅUAL ŘEPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 513307 1. Corporation Name

SHERWOOD DANOFF, M.D., P.A.

Principal Place of E	Business

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90017 011 \*\*\*150.00



e of Business	Mailing Address		-			
ND PK BLVD		١.	•			
351-6741	SUNRISE FL 33351-6741			DO NOT WEITE IN THE	DACE	
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	<b>⊢</b>		, <del></del>	_5. Certifcate of Status DesiredL	Fee R	
A				6 Election Campaign Financing	\$5.00	May Be
	28					to Fees
Country	Zip	Cour	itry		ngible	
25	29	30		Personal Property Tax.	∐ Yes	□No
9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
	•	]	81 Name			
	,		82 Street Add	dress (P.O. Box Number is Not Accentable)		
			Street Add	The state of the s	s estimate	6 #11 # 154 158#
RISE FL 33351		Ī	83		,	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
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to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the ab	ove-named cor	poration submits this statement for the purpose of cl	hanging its	registered
egistered agent, or both, in the State o or familiar with, and accept the obligati	of Florida. Such change was au ions of, Section 607.0505, Flor	ithorized ida Statu	by the corporat tes.	tion's board of directors. I nereby accept the appoint	ment as re	egistered
	A VOTE			red when reinstating) : ?** .** DATE ::		
		Denistered A	Anent cianature requi			
Signature, typed or printed name of registered agent			Agent signature requir		DIRECTO	ORS IN 12
OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12
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	ND PK BLVD 351-6741  lace of Business  #, etc.  Country 25  9. Name and Address of Current  OFF, SHERWOOD M.D. W OAKLAND PK BLVD  RISE FL 33351  to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	ND PK BLVD 351-6741  7800 W OAKLAND PK BLVD SUNRISE FL 33351-6741  2a. Mailing Address 25  #, etc.  Suite, Apt. #, etc.  City & State 28  Country 25  9. Name and Address of Current Registered Agent  OFF, SHERWOOD M.D. W OAKLAND PK BLVD RISE FL 33351  to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was au m familiar with, and accept the obligations of, Section 607.0505, Flor	ND PK BLVD 351-6741  7800 W OAKLAND PK BLVD SUNRISE FL 33351-6741  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  City & State 28  Country  Zip  Country  Zip  Country  Zip  Country  Power and Address of Current Registered Agent  OFF, SHERWOOD M.D.  W OAKLAND PK BLVD RISE FL 33351  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abegistered agent, or both, in the State of Florida. Such change was authorized m familiar with, and accept the obligations of, Section 607.0505, Florida Statuter.	ND PK BLVD 351-6741  7800 W OAKLAND PK BLVD SUNRISE FL 33351-6741  2a. Mailing Address 25  #, etc.  Suite, Apt. #, etc.  City & State 28  Country 25  9. Name and Address of Current Registered Agent  OFF, SHERWOOD M.D.  W OAKLAND PK BLVD RISE FL 33351  81  Name  82 Street Address FL 33351  83  84 City  to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coregistered agent, or both, in the State of Florida. Such change was authorized by the corporal m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ND PK BLVD 351-6741  TRANSE FL 33351-6741  DO NOT WRITE IN THIS S  3. Date Incorporated or Qualifed 09/01/1976  ace of Business  2a. Mailing Address 26  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  30  Summand Address of Current Registered Agent  To Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  BY  OFF, SHERWOOD M.D.  W OAKLAND PK BLVD  RISE FL 33351  84  City  FL  To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of clegistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint mamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ND PK BLVD 351-6741  7800 W OAKLAND PK BLVD SUNRISE FL 33351-6741  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 09/01/1976  4. FEI Number 59-1695407 N. R. etc.  Sulle, Apt. #, etc.  City & State 6. Election Campaign Financing 7 Trust Fund Contribution Added 7 Country 2 Zip Country 8. This corporation owes the current year Intangible 7 Personal Property Tax. 7 Yes  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. W OAKLAND PK BLVD RISE FL 33351  84 City FL 85 Zip 10 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 egistered 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 reference in the purpose of changing its egistered 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 reference in the purpose of changing its egistered 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 reference in the purpose of changing its egistered 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 reference in the purpose of changing its egistered 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 reference in the purpose of changing its equation of t

14. I hereby certify that the information supplied with this fill 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 a address, with all other like empowered.