

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **515951** (2)
1. Corporation Name
PEARL AND SHAIR, M.D., P.A.



Principal Place of Business: **2500 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009**
Mailing Address: **2500 E. HALLANDALE BEACH BLVD. HALLANDALE FL 33009**

3. Date Incorporated or Qualified: **10/01/1976**
3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-1690539**
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: **1150 N. 35TH AVE. #600 Hollywood, Fl. 33021 Broward**
2a. Mailing Address: **1150 N. 35TH AVE. #600 Hollywood, Fl. 33021 Broward**

9. Name and Address of Current Registered Agent
**PEARL FRANK J MD
2500 E HALLANDALE BEACH BLVD
SUITE 211
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent
81 Name: **Pearl Frank J. MD**
82 Street Address (P.O. Box Number is Not Acceptable): **1150 N. 35TH AVE # 600**
83 City: **Hollywood** FL 85 Zip Code: **33021**

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: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: PEARL, FRANK J.	
STREET ADDRESS: 2420 N.E. 200 ST.	
CITY-ST-ZIP: N MIAMI BEACH FL	
TITLE: ST	<input type="checkbox"/> DELETE
NAME: SHAIR, BERNARD	
STREET ADDRESS: 2500 E HALLANDALE BC BLV	
CITY-ST-ZIP: HALLANDALE FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Pearl, FRANK J.	
1.3 STREET ADDRESS: 1150 N. 35TH AVE. #600	
1.4 CITY-ST-ZIP: Hollywood, Fl. 33021	
2.1 TITLE: ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: ShaIR, BERNARD	
2.3 STREET ADDRESS: 1150 N. 35th Ave. #600	
2.4 CITY-ST-ZIP: Hollywood, Fl. 33021	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **954-986-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)