FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **516167** **(4)**

1. Corporation Name

FREDERICK S. HEROLD, M.D., P.A.

Principal Place of Business	Mailing Address
3700 WASHINGTON ST HOLLYWOOD FL 33021	3700 WASHINGTON ST HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: **10/11/1976**

3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21 1150 N 35 AVENUE
22 Suite 675
23 HOLLYWOOD FL
24 Zip 33021 25 Country

2a. Mailing Address
26 1150 N 35 AVENUE
27 Suite 675
28 HOLLYWOOD FL
29 Zip 33021 30 Country

4. FEI Number: **59-1694421** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

HEROLD, FREDERICK S.
3700 WASHINGTON ST
HOLLYWOOD FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1150 N 35 AVENUE
83 STE 675
84 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 X Frederick C. Herold MD X 3/6/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HEROLD, FREDERICK S.		1.2 NAME		
STREET ADDRESS	3700 WASHINGTON STREET		1.3 STREET ADDRESS	1150 N 35 AVENUE, STE 675	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HEROLD, FREDERICK S.		2.2 NAME		
STREET ADDRESS	3700 WASHINGTON STREET		2.3 STREET ADDRESS	1150 N 35 AVENUE, STE 675	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Frederick C. Herold MD X 3/6/96 X 954-962-2803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #