

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

APPROVED  
AND  
FILED

*Pg. 1 of 2*

97 AUG -8 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **523126** (1)

1. Corporation Name

**ALLERGY - EAR, NOSE & THROAT ASSOCIATES OF DADEL  
AND, P.A., SERRINS AND WRUBLE**

Principal Place of Business  
**7400 NORTH KENDALL DRIVE  
MIAMI FL 33156**

Mailing Address  
**7400 NORTH KENDALL DRIVE  
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/19/1977** 3a. Date of Last Report **04/30/1996**

4. FEI Number **59-1760176** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SERRINS, ALAN  
7400 N. KENDALL DRIVE  
MIAMI FL 33156**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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  
NAME **SERRINS, ALAN J.**  
STREET ADDRESS **7400 N. KENDALL DRIVE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **WRUBLE, SYDNEY D.**  
STREET ADDRESS **7400 N. KENDALL DRIVE**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**500002265885--5**  
-08/13/97-01971-021 Addition  
\*\*\*\*330.00 \*\*\*\*165.00

*C. Alan*  
*8/8/97*

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.

CR2E034 (4/97)

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DADELAND ALLERGY — EAR, NOSE & THROAT ASSOCIATES, P.A.

ALAN J. SERRINS, M.D., F.A.C.S., F.A.C.A.I.  
SYDNEY D. WRUBLE, M.D., F.A.C.S., F.A.C.A.I.  
DIPLOMATES, AMERICAN BOARD OF OTOLARYNGOLOGY  
HEAD AND NECK SURGERY

HEARING AND BALANCE CENTER

PULMONARY LABORATORY

VOICE DISORDER LABORATORY

FELLOWS, AMERICAN COLLEGE OF SURGEONS

FELLOWS, AMERICAN COLLEGE OF  
ALLERGY AND IMMUNOLOGY

FELLOWS, AMERICAN ACADEMY OF  
OTOLARYNGIC ALLERGY

August 2, 1997

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

I am enclosing our check in the amount of \$330 for our two corporations. As you can see these are being filed belatedly, and I am asking that you waive the penalty for us for the following reasons:

I have been managing this practice since its inception in 1972, and we have filed in a timely manner for the past 27 years. I did not receive the forms to file this year, save the two that arrived recently and were second notices.

In addition, we have had a fairly large turnover in our office personnel, and I have had some illnesses that required that I rest at home. While I do not know why I failed to receive our annual reports, these last two situations may have added to the mystery.

I sincerely hope that you will take our history into account and allow us to pay the enclosed amount.

Sincerely,

*Rosalie Peterson*

Rosalie Peterson  
Administrator