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Apr 29 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 # 589662

(6)

1. Corporation Name

M. LEE PEARCE, M.D., P.A.

Principal Place of Business

8701 SW 137TH AVE
SUITE 300
MIAMI FL 33183
US

Mailing Address

8701 SW 137TH AVE
300
MIAMI FL 33183-4498
US

2. Principal Place of Business

21 11880 Bird Road

Suite, Apt. #, etc.
22 #203

City & State

23 Miami, FL

Zip

24 33175

Country

25 USA

2a. Mailing Address

26 11880 Bird Road

Suite, Apt. #, etc.
27 #203

City & State

28 Miami, FL

Zip

29 33175

Country

30 USA

3. Date Incorporated or Qualified

10/10/1978

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2099020

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

MUDD, JOHN
8701 SW 137TH AVE
SUITE 300
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

John Mudd

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

11880 Bird Road

83 #203

84 City

Miami

FL

85 Zip Code

33175

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

John Mudd

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
PEARCE, M. LEE MD.
8701 SW 137TH AVE #300
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

ST
WIENER, A.B.
8701 137TH AVE SUITE 300
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

A. B. Wiener

A. B. Wiener

755-21-00 (205) 888-2010

CR2E034 (9/96)