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 # **591656** **(4)**

1. Corporation Name

STANLEY A. SCHEINER, M.D., F.A.C.S., P.A.

Principal Place of Business
~~100 NW 170 STR~~ P.O. Box 641098
~~STE 301~~
NO MIAMI BCH FL ~~33169~~ 33164-1098
US

Mailing Address
~~100 NW 170 STR~~ P.O. Box 641098
~~STE 301~~
NO MIAMI BCH FL ~~33169~~ 33164-1098
US

3. Date Incorporated or Qualified: 10/30/1978
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21 P.O Box 641098
~~Suite, Apt. #, etc.~~
22
City & State
23 N. Mia. Bch FL 33164-1098
Zip 24 Country 25

2a. Mailing Address
26 PO Box 641098
~~Suite, Apt. #, etc.~~
27
City & State
28 N Mia Bch FL 33164-1098
Zip 29 Country 30

4. FEI Number: 59-1859461 — 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**

SCHEINER, STANLEY A. M.D.
100 NW 170 STR
STE 301
NO MIAMI BCH FL 33169

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 250 NE 156th Street
83
84 City No Mia Bch FL 85 Zip Code 33162

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SCHEINER, STANLEY A.	
STREET ADDRESS	100 NW 170 STR, STE 301	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	VT	☐ DELETE
NAME	SCHEINER, LYNNE	
STREET ADDRESS	100 NW 170 STR, STE 301	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. Box 641098	N/A
1.4 CITY-ST-ZIP	N.Mia. Bch FL. 33164-1098	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	P.O. Box 641098	N/A
2.4 CITY-ST-ZIP	N. Mia Bch FL 33164-1098	
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 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: S.A. Scheiner 2-19-96 (305)949-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)