FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STAT
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601383

(3)

LEROY G. APPELL, M.D., P.A.

,

FILED Jan 26 1998 8:00am Secretary of State



1 III Cipai riac	e Or Dusiness	Maining Address	ming Address							
50 CAYUGA I		50 CAYUGA ROAD								
VILL, OF SEA	RANCH LKS. FL 33308	VILL. OF SEA RANCH L	VILL, OF SEA RANCH LKS. FL 33308				DO NOT WRITE IN THIS SPACE			
						ŀ	3. Date Incorporated or Qualified			
							09/12/1969		i	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	1 1.		
	lace of business	_ ·	2a. Mailing Address				59-1273933		polied For	
Suite, Apt.	# 414	Suite, Apt. #, etc.					39-12/3933		lot Applicable	
22	#, E(Ç.	27 Saile, Apr. #, etc.					5. Certificate of Status Desired		Additional lequired	
City & State	9	City & State	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry	,		8. This corporation owes or has paid the cur	rent year ir	itangible	
24	25 29 30			Personal Property Tax due June 30. 🔀 Yes 🔲 No			☐ No			
	9. Name and Address of Curre	10. Name and Address of New Registered	Agent							
APPELL,LEROY G						me				
50 EO			82 Street Address (P.O. Box Number			s (P.O. Box Number is Not Acceptable)	•			
ru:	RT LAUDERDALE FL 33308		8:							
				84	City	·		85 Zip	Code	
							FL			
11. Pursuant I	to the provisions of Sections 607.05 edistered agent, or both, in the State	02 and 607.1508, Elorida Statu e of Florida. Such/change was	tes, the at authorized	evoc vd b	a-nam / the c	ned corpora corporation	ation submits this statement for the purpose of i's board of directors. I bereby accept the app	changing ointment as	lts registered s registered	
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 XILLION L. WARLEN							1/16/	98		
Signature, typed or printed name of registered agent and tritle if applicable. / (NOTE Registered					nt signa	ature required v				
12.			13.				ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD APPELL LEDOY O	☐ DEFF!E	☐ DELETE 1.1 TI					L Change	Addition	
NAME	APPELL,LEROY G		1.2 NA	1.2 NAME						
STREET ADDRESS	50 CAYUGA ROAD		1.3 STREET ADDRESS			.SS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP				,		
TITLE				2.1 TITLE				Change	Addition	
NAME				2.2 NAME						
CADEEL PUNDECC	50 CAYUGA ROAD		2.3 S			SS			1	
-G113 - S1 - ZiP	TONT LAUDENDALE FL		2, 4,01	TY-S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE	3.1 TIT	LE				Change	Addition	
NAME			3.2 NA	ME		- 1			ľ	
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CITY - ST - ZIP			3.4. Cf	TY-S	ST-ZIP					
TITLE		DELETE	4.1 TU	_				Change	Addition	
NAME			4. 2 N/	AME						
STREET ADDRESS			4.3 ST	REET	ADDRES	:SS				
CITY-ST-ZIP			4.4 CiT	TY-\$1	T-ZIP					
TITLE		DELETE	5.1 TET	TLE.				☐ Change	☐ Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5,3 ST	REET	ADDRES	iss				
CITY-ST-ZIP			5.4 CIT							
TITLE		DELETE	6.1 TΠ					☐ Change	Addition	
NAME		_	6.2 NA							
STREET ADDRESS	,				ADDRES	ss l				
OTTEL STANDARD				6.4 CITY-ST-ZIP		~~				
CITY-ST-ZIP		with this filing does not gualify.				totad in Co	ction 119 07(3Vi) Florida Statutes I further ce	Hife that the	i information	

14. I 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 attackment with an address.

SIGNATURE LUNG MASCHELLERY

16/98 954-945-8412